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VOLUME XXI APRIL 1940 PART 2

ORIGINAL PAPERS

MOURNING AND ITS RELATION TO MANIC-DEPRESSIVE STATES [1]

BY

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LONDON

An essential part of the work of mourning is, as Freud points out in ' Mourning and Melancholia ', the testing of reality. He says that ' in grief this period of time is necessary for detailed carrying out of the behest imposed by the testing of reality, and . . . by accomplishing this labour the ego succeeds in freeing its libido from the lost object ',[2] And again : ' Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-cathected, and the detachment of the libido from it accomplished. Why this process of carrying out the behest of reality bit by bit, which is in the nature of a compromise, should be so extraordinarily painful is not at all easy to explain in terms of mental economics. It is worth noting that this pain seems natural to us.' [3] And, in another passage : ' We do not even know by what economic measures the work of mourning is carried through ; possibly, however, a conjecture may help us here. Reality passes its verdict—that the object no longer exists—upon each single one of the memories and hopes through which the libido was attached to the lost object, and the ego, confronted as it were with the decision whether it will share this fate, is persuaded by the sum of its narcissistic satisfactions in being alive to sever its attachment to the non-existent object. We may imagine that, because of the slowness and the gradual

[1] This paper was read originally before the Fifteenth International Psycho-Analytical Congress, Paris, 1938. It was subsequently revised and enlarged with a view to its inclusion in the Ernest Jones Sixtieth Birthday Number of this JOURNAL, Vol. XX, Parts 3 and 4, 1939.

[2] *Collected Papers*, Vol. IV, p. 163.

[3] *Ibid.*, p. 154.

way in which this severance is achieved, the expenditure of energy necessary for it becomes somehow dissipated by the time the task is carried through.' [4]

In my view there is a close connection between the testing of reality in normal mourning and early processes of the mind. My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life. The most important of the methods by which the child overcomes his states of mourning, is, in my view, the testing of reality ; this process, however, as Freud stresses, is part of the work of mourning.

In my paper ' A Contribution to the Psychogenesis of Manic-Depressive States ', [5] I introduced the conception of the *infantile depressive position*, and showed the connection between that position and manic-depressive states. Now in order to make clear the relation between the infantile depressive position and normal mourning I must first briefly refer to some statements I made in that paper, and shall then enlarge on them. In the course of this exposition I also hope to make a contribution to the further understanding of the connection between normal mourning, on the one hand, and abnormal mourning and manic-depressive states, on the other.

I said there that the baby experiences depressive feelings which reach a climax just before, during and after weaning. This is the state of mind in the baby which I termed the ' depressive position ', and I suggested that it is a melancholia in *statu nascendi*. The object which is being mourned is the mother's breast and all that the breast and the milk have come to stand for in the infant's mind : namely, love, goodness and security. All these are felt by the baby to be lost, and lost as a result of his own uncontrollable greedy and destructive phantasies and impulses against his mother's breasts. Further distress about impending loss (this time of both parents) arises out of the Œdipus situation, which sets in so early and in such close connection with breast frustrations that in its beginnings it is dominated by oral impulses and fears. The circle of loved objects who are attacked in phantasy and whose loss is therefore feared widens owing to the child's

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[4] *Ibid.*, p. 166.

[5] This JOURNAL, Vol. XVI, 1935. The present paper is a continuation of that paper, and much of what I have now to say will of necessity assume the conclusions I arrived at there.

ambivalent relations to his brothers and sisters. The aggression against phantasied brothers and sisters, who are attacked inside the mother's body, also gives rise to feelings of guilt and loss. The sorrow and concern about the feared loss of the ' good ' objects, that is to say, the depressive position, is, in my experience, the deepest source of the painful conflicts in the Œdipus situation, as well as in the child's relations to people in general. In normal development these feelings of grief and fears are overcome by various methods.

Along with the child's relation, first to his mother and soon to his father and other people, go those processes of internalization on which I have laid so much stress in my work. The baby, having incorporated his parents, feels them to be live people inside his body in the concrete way in which deep unconscious phantasies are experienced—they are, in his mind, ' internal ' or ' inner ' objects, as I have termed them. Thus an inner world is being built up in the child's unconscious mind, corresponding to his actual experiences and the impressions he gains from people and the external world, and yet altered by his own phantasies and impulses. If it is a world of people predominantly at peace with each other and with the ego, inner harmony, security and integration ensue.

There is a constant interaction between anxieties relating to the ' external ' mother—as I will call her here in contrast to the ' internal ' one—and those relating to the ' internal ' mother, and the methods used by the ego for dealing with these two sets of anxieties are closely inter-related. In the baby's mind, the ' internal ' mother is bound up with the ' external ' one, of whom she is a ' double ', though one which at once undergoes alterations in his mind through the very process of internalization ; that is to say, her image is influenced by his phantasies, and by internal stimuli and internal experiences of all kinds. When external situations which he lives through become internalized —and I hold that they do, from the earliest days onwards—they follow the same pattern : they also become ' doubles ' of real situations, and are again altered for the same reasons. The fact that by being internalized, people, things, situations and happenings—the whole inner world which is being built up—become inaccessible to the child's accurate observation and judgement, and cannot be verified by the means of perception which are available in connection with the tangible and palpable object-world, has an important bearing on the phantastic nature of this inner world. The ensuing doubts, uncertainty and anxieties act as a continuous incentive to the young child to

observe and make sure about the external object-world,[6] from which this inner world springs, and by these means to understand the internal one better. The visible mother thus provides continuous proofs of what the ' internal ' mother is like, whether she is loving or angry, helpful or revengeful. The extent to which external reality is able to disprove anxieties and sorrow relating to the internal reality varies with each individual, but could be taken as one of the criteria for normality. In children who are so much dominated by their internal world that their anxieties cannot be sufficiently disproved and counteracted even by the pleasant aspects of their relationships with people, severe mental difficulties are unavoidable. On the other hand, a certain amount even of unpleasant experiences is of value in this testing of reality by the child if, through overcoming them, he feels that he can retain his objects as well as their love for him and his love for them, and thus preserve or re-establish internal life and harmony in face of dangers.

All the enjoyments which the baby lives through in relation to his mother are so many proofs to him that the loved object *inside as well as outside* is not injured, is not turned into a vengeful person. The increase of love and trust, and the diminishing of fears through happy experiences, help the baby step by step to overcome his depression and feeling of loss (mourning). They enable him to test his inner reality by means of outer reality. Through being loved and through the enjoyment and comfort he has in relation to people his confidence in his own as well as in other people's goodness becomes strengthened, his hope that his ' good ' objects and his own ego can be saved and preserved increases, at the same time as his ambivalence and acute fears of internal destruction diminish.

Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contact with loved people, increase ambivalence, diminish trust and hope and confirm anxieties about inner annihilation and external persecution ; moreover they slow down and perhaps permanently check the beneficial processes through which in the long run inner security is achieved.

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[6] Here I can only refer in passing to the great impetus which these anxieties afford to the development of interests and sublimations of all kinds. If these anxieties are over-strong, they may interfere with or even check intellectual development. (*Cf.* Klein, ' A Contribution to the Theory of Intellectual Inhibition ', this JOURNAL, Vol. XII, 1931.)

In the process of acquiring knowledge, every new piece of experience has to be fitted into the patterns provided by the psychic reality which prevails at the time ; whilst the psychic reality of the child is gradually influenced by every step in his progressive knowledge of external reality. Every such step goes along with his more and more firmly establishing his inner ' good ' objects, and is used by the ego as a means of overcoming the depressive position.

In other connections I have expressed the view that every infant experiences anxieties which are psychotic in content,[7] and that the infantile neurosis [8] is the normal means of dealing with and modifying these anxieties. This conclusion I can now state more precisely, as a result of my work on the infantile depressive position, which has led me to believe that it is the central position in the child's development. In the infantile neurosis the early depressive position finds expression, is worked through and gradually overcome ; and this is an important part of the process of organization and integration which, together with his sexual development,[9] characterizes the first years of life. Normally the child passes through his infantile neurosis, and among other achievements arrives step by step at a good relation to people and to reality. I hold that this satisfactory relation to people depends upon his having succeeded in his struggles against the chaos inside

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[7] *The Psycho-Analysis of Children*, 1932 ; in particular, Chapter VIII.

[8] In the same book (p. 149), referring to my view that every child passes through a neurosis differing only in degree from one individual to another, I added : ' This view, which I have maintained for a number of years now, has lately received valuable support. In his book, *Die Frage der Laienanalyse* (1926), Freud writes : " Since we have learnt to see more clearly we are almost inclined to say that the occurrence of a neurosis in childhood is not the exception but the rule. It seems as though it is a thing that cannot be avoided in the course of development from the infantile disposition to the social life of the adult " (S. 61).'

[9] At every juncture the child's feelings, fears and defences are linked up with his libidinal wishes and fixations, and the outcome of his sexual development in childhood is always interdependent with the processes I am describing in this paper. I think that new light will be thrown on the child's libidinal development if we consider it in connection with the depressive position and the defences used against that position. It is, however, a subject of such importance that it needs to be dealt with fully, and is therefore beyond the scope of this paper.

him (the depressive position) and having securely established his ' good ' internal objects.

Let us now consider more closely the methods and mechanisms by which this development comes about.

In the baby, processes of introjection and projection, since they are dominated by aggression and anxieties which reinforce each other, lead to fears of persecution by terrifying objects. To such fears are added those of losing his loved objects ; that is to say, the depressive position has arisen. When I first introduced the conception of the depressive position I put forward the suggestion that the introjection of the whole loved object gives rise to concern and sorrow lest that object should be destroyed (by the ' bad ' objects and the id), and that these distressed feelings and fears, in addition to the paranoid set of fears and defences, constitute the depressive position. There are thus two sets of fears, feelings and defences, which, however varied in themselves and however intimately linked together, can in my view, for purposes of theoretical clearness, be isolated from each other. The first set of feelings and phantasies are the persecutory ones, characterized by fears relating to the destruction of the ego by internal persecutors. The defences against these fears are predominantly the destruction of the persecutors by violent or secretive and cunning methods. With these fears and defences I have dealt in detail in other contexts. The second set of feelings which go to make up the depressive position I formerly described without suggesting a term for them. I now propose to use for these feelings of sorrow and concern for the loved objects, the fears of losing them and the longing to regain them, a simple word derived from everyday language—namely the ' pining ' for the loved object. In short—persecution (by ' bad ' objects) and the characteristic defences against it, on the one hand, and pining for the loved (' good ') object, on the other, constitute the depressive position.

When the depressive position arises, the ego is forced (in addition to earlier defences) to develop methods of defence which are essentially directed against the ' pining ' for the loved object. These are fundamental to the whole ego-organization. I formerly termed some of these methods *manic defences*, or the *manic position*, because of their relationship to the manic-depressive illness.[10]

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[10] ' A Contribution to the Psychogenesis of Manic-Depressive States ', this JOURNAL, Vol. XVI, 1935.

The fluctuations between the depressive and the manic position are an essential part of normal development. The ego is driven by depressive anxieties (anxiety lest the loved objects as well as itself should be destroyed) to build up omnipotent and violent phantasies, partly for the purpose of controlling and mastering the ' bad ', dangerous objects, partly in order to save and restore the loved ones. From the very beginning, these omnipotent phantasies, both the destructive and the reparative ones, stimulate and enter into all the activities, interests and sublimations of the child. In the infant, the extreme character both of his sadistic and of his constructive phantasies is in line with the extreme frightfulness of his persecutors—and, at the other end of the scale, the extreme perfection of his ' good ' objects.[11] Idealization is an essential part of the manic position and is bound up with another important element of that position, namely denial. Without partial and temporary denial of psychic reality the ego cannot bear the disaster by which it feels itself threatened when the depressive position is at its height. Omnipotence, denial and idealization, closely bound up with ambivalence, enable the early ego to assert itself to a certain degree against its internal persecutors and

[11] I have pointed out in various connections (first of all in ' The Early Stages of the Œdipus Complex ', this JOURNAL, Vol. IX, 1928) that the fear of phantastically ' bad ' persecutors and the belief in phantastically ' good ' objects are bound up with each other. Idealization is an essential process in the young child's mind, since he cannot yet cope in any other way with his fears of persecution (a result of his own hatred). Not until early anxieties have been sufficiently relieved owing to experiences which increase love and trust, is it possible to establish the all-important process of bringing together more closely the various aspects of objects (external, internal, ' good ' and ' bad ', loved and hated), and thus for hatred to become actually mitigated by love—which means a decrease of ambivalence. While the separation of these contrasting *aspects*—felt in the unconscious as contrasting *objects*—operates strongly, feelings of hatred and love are also so much divorced from each other that love cannot mitigate hatred.

The flight to the internalized ' good ' object, which Melitta Schmideberg (in ' Psychotic Mechanisms in Cultural Development ', this JOURNAL, Vol. XI, 1930) has found to be a fundamental mechanism in schizophrenia, thus also enters into the process of idealization which the young child normally resorts to in his depressive anxieties. Melitta Schmideberg has also repeatedly drawn attention to the connections between idealization and distrust of the object.

against a slavish and perilous dependence upon its loved objects, and thus to make further advances in development. I will here quote a passage from my former paper :

' In the earliest phase the persecuting and the good objects (breasts) are kept wide apart in the child's mind. When, along with the introjection of the whole and real object, they come closer together, the ego has over and over again recourse to that mechanism—so important for the development of the relations to objects—namely, a splitting of its imagos into loved and hated, that is to say, into good and dangerous ones.

' One might think that it is actually at this point that ambivalence which, after all, refers to object-relations—that is to say, to whole and real objects—sets in. Ambivalence, carried out in a splitting of the imagos, enables the small child to gain more trust and belief in its real objects and thus in its internalized ones—to love them more and to carry out in an increasing degree its phantasies of restoration on the loved object. At the same time the paranoid anxieties and defences are directed towards the " bad " objects. The support which the ego gets from a real " good " object is increased by a flight-mechanism, which alternates between its external and internal good objects. [Idealization.]

' It seems that at this stage of development the unification of external and internal, loved and hated, real and imaginary objects is carried out in such a way that each step in the unification leads again to a renewed splitting of the imagos. But as the adaptation to the external world increases, this splitting is carried out on planes which gradually become increasingly nearer and nearer to reality. This goes on until love for the real and the internalized objects and trust in them are well established. Then ambivalence, which is partly a safeguard against one's own hate and against the hated and terrifying objects, will in normal development again diminish in varying degrees.' [12]

As has already been stated, omnipotence prevails in the early phantasies, both the destructive and the reparative ones, and influences sublimations as well as object relations. Omnipotence, however, is so closely bound up in the unconscious with the sadistic impulses with which it was first associated that the child feels again and again that his attempts at reparation have not succeeded, or will not succeed. His sadistic impulses, he feels, may easily get the better of him. The young child, who cannot sufficiently trust his reparative and constructive feelings, as we have seen, resorts to manic omnipotence. For

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[12] ' A Contribution to the Psychogenesis of Manic-Depressive States ', pp. 172–3.

this reason, in an early stage of development the ego has not adequate means at its disposal to deal efficiently with guilt and anxiety. All this leads to the need in the child—and for that matter to some extent in the adult also—to repeat certain actions obsessionally (this, in my view, is part of the repetition compulsion) ; [13] or—the contrasting method—omnipotence and denial are resorted to. When the defences of a manic nature fail, defences in which dangers from various sources are in an omnipotent way denied or minimized, the ego is driven alternately or simultaneously, to combat the fears of deterioration and disintegration by attempted reparations carried out in obsessional ways. I have described elsewhere [14] my conclusion that the obsessional mechanisms are a defence against paranoid anxieties as well as a means of modifying them, and here I will only show briefly the connection between obsessional mechanisms and manic defences in relation to the depressive position in normal development.

The very fact that manic defences are operating in such close connection with the obsessional ones contributes to the ego's fear that the reparation attempted by obsessional means has also failed. The desire to control the object, the sadistic gratification of overcoming and humiliating it, of getting the better of it, the *triumph* over it, may enter so strongly into the act of reparation (carried out by thoughts, activities or sublimations) that the benign circle started by this act becomes broken. The objects which were to be restored change again into persecutors, and in turn paranoid fears are revived. These fears reinforce the paranoid defence mechanisms (of destroying the object) as well as the manic mechanisms (of controlling it or keeping it in suspended animation, and so on). The reparation which was in progress is thus disturbed or even nullified—according to the extent to which these mechanisms are activated. As a result of the failure of the act of reparation, the ego has to resort again and again to obsessional and manic defences.

When in the course of normal development a relative balance between love and hate is attained, and the various aspects of objects are more unified, then also a certain equilibrium between these contrasting and yet closely related methods is reached, and their intensity is diminished. In this connection I wish to stress the importance of *triumph*, closely bound up with contempt and omnipotence, as an

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[13] *The Psycho-Analysis of Children*, pp. 170 and 278.

[14] *Ibid.*, Chapter IX.

element of the manic position. We know the part rivalry plays in the child's burning desire to equal the achievements of the grown-ups. In addition to rivalry, his wish, mingled with fears, to ' grow out ' of his deficiencies (ultimately to overcome his destructiveness and his bad inner objects and to be able to control them) is an incentive to achievements of all kinds. In my experience, the desire to reverse the child-parent relation, to get power over the parents and to triumph over them, is always to some extent associated with the impulse towards the attainment of success. A time will come, the child phantasies, when he will be strong, tall and grown up, powerful, rich and potent, and father and mother will have changed into helpless children, or again, in other phantasies, will be very old, weak, poor and rejected. The triumph over the parents in such phantasies, through the guilt to which it gives rise, often cripples endeavours of all kinds. Some people are obliged to remain unsuccessful, because success always implies to them the humiliation or even the damage of somebody else, in the first place the triumph over parents, brothers and sisters. The efforts by which they seek to achieve something may be of a highly constructive nature, but the implicit triumph and the ensuing harm and injury done to the object may outweigh these purposes, in the subject's mind, and therefore prevent their fulfilment. The effect is that the reparation to the loved objects, which in the depths of the mind are the same as those over which he triumphs, is again thwarted, and therefore guilt remains unrelieved. The subject's triumph over his objects necessarily implies to him their wish to triumph over him, and therefore leads to distrust and feelings of persecution. Depression may follow, or an increase in manic defences and more violent control of his objects, since he has failed to reconcile, restore, or improve them, and therefore feelings of being persecuted by them again have the upper hand. All this has an important bearing on the infantile depressive position and the ego's success or failure in overcoming it. The triumph over his internal objects which the young child's ego controls, humiliates and tortures is a part of the destructive aspect of the manic position which disturbs the reparation and re-creating of his inner world and of internal peace and harmony ; and thus triumph impedes the work of early mourning.

To illustrate these developmental processes let us consider some features which can be observed in hypomanic people. It is characteristic of the hypomanic person's attitude towards people, principles and events that he is inclined to exaggerated valuations : over-admiration

(idealization) or contempt (devaluation). With this goes his tendency to conceive of everything on a large scale, to think in *large numbers*, all this in accordance with the greatness of his omnipotence, by which he defends himself against his fear of losing the one irreplaceable object, his mother, whom he still mourns at bottom. His tendency to minimize the importance of details and small numbers, and a frequent casualness about details and contempt of conscientiousness contrast sharply with the very meticulous methods, the concentration on the smallest things (Freud), which are part of the obsessional mechanisms.

This contempt, however, is also based to some extent on denial. He must deny his impulse to make extensive and detailed reparation because he has to deny the cause for the reparation, namely the injury to the object and his consequent sorrow and guilt.

Returning to the course of early development, we may say that every step in emotional, intellectual and physical growth is used by the ego as a means of overcoming the depressive position. The child's growing skills, gifts and arts increase his belief in the psychical reality of his constructive tendencies, in his capacity to master and control his hostile impulses as well as his ' bad ' internal objects. Thus anxieties from various sources are relieved, and this results in a diminution of aggression and, in turn, of his suspicions of ' bad ' external and internal objects. The strengthened ego, with its greater trust in people, can then make still further steps towards unification of its imagos—external, internal, loved and hated—and towards further mitigation of hatred by means of love, and thus to a general process of integration.

When the child's belief and trust in his capacity to love, in his reparative powers and in the integration and security of his good inner world increase as a result of the constant and manifold proofs and counter-proofs gained by the testing of external reality, manic omnipotence decreases and the obsessional nature of the impulses towards reparation diminishes, which means in general that the infantile neurosis has passed.

We have now to connect the infantile depressive position with normal mourning. The poignancy of the actual loss of a loved person is, in my view, greatly increased by the mourner's unconscious phantasies of having lost his *internal* ' good ' objects as well. He then feels that his internal ' bad ' objects predominate and his inner world is in danger of disruption. We know that the loss of a loved person leads to an impulse in the mourner to reinstate the lost loved object in the

ego. (Freud and Abraham.) In my view, however, he not only takes into himself (re-incorporates) the person whom he has just lost, but also reinstates his internalized good objects (ultimately his loved parents), who became part of his inner world from the earliest stages of his development onwards. These too are felt to have gone under, to be destroyed, whenever the loss of a loved person is experienced. Thereupon the early depressive position, and with it anxieties, guilt and feelings of loss and grief derived from the breast situation, the Œdipus situation and all other such sources, are reactivated. Among all these emotions, the fears of being robbed and punished by both dreaded parents—that is to say, feelings of persecution—have also been revived in deep layers of the mind.

If, for instance, a woman loses her child through death, along with sorrow and pain, her early dread of being robbed by a ' bad ' retaliating mother is reactivated and confirmed. Her own early aggressive phantasies of robbing her mother of babies gave rise to fears and feelings of being punished, which strengthened ambivalence and led to hatred and distrust of others. The reinforcing of feelings of persecution in the state of mourning is all the more painful because, as a result of an increase in ambivalence and distrust, friendly relations with people, which might at that time be so helpful, become impeded.

The pain experienced in the slow process of testing reality in the work of mourning thus seems to be partly due to the necessity, not only to renew the links to the external world and thus continuously to re-experience the loss, but at the same time and by means of this to rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing.[15] Just as the young child passing through the depressive position is struggling, in his unconscious mind, with the task of establishing and integrating his inner world, so the mourner goes through the pain of re-establishing and re-integrating it.

In normal mourning early psychotic anxieties are reactivated ; the mourner is in fact ill, but, because this state of mind is so common and

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[15] These facts I think go some way towards answering Freud's question which I have quoted at the beginning of this paper : ' Why this process of carrying out the behest of reality bit by bit, which is in the nature of a compromise, should be so extraordinarily painful is not at all easy to explain in terms of mental economics. It is worth noting that this pain seems natural to us.'

seems so natural to us, we do not call mourning an illness. (For similar reasons, until recent years, the infantile neurosis of the normal child was not recognized as such.) To put my conclusions more precisely: I should say that in mourning the subject goes through a modified and transitory manic-depressive state and overcomes it, thus repeating, though in different circumstances and with different manifestations, the processes which the child normally goes through in his early development.

The greatest danger for the mourner comes from the turning of his hatred against the lost loved person himself. One of the ways in which hatred expresses itself in the situation of mourning is in feelings of triumph over the dead person. I refer in an earlier part of this paper to triumph as part of the manic position in infantile development. Infantile death wishes against parents, brothers and sisters are actually fulfilled whenever a loved person dies, because he is necessarily to some extent a representative of the earliest important figures, and therefore takes over some of the feelings pertaining to them. Thus his death, however shattering for other reasons, is to some extent also felt as a victory, and gives rise to triumph, and therefore all the more to guilt.

At this point I find that my view differs from that of Freud, who stated: 'First, then: in normal grief too the loss of the object is undoubtedly surmounted, and this process too absorbs all the energies of the ego while it lasts. Why then does it not set up the economic condition for a phase of triumph after it has run its course or at least produce some slight indication of such a state? I find it impossible to answer this objection off-hand.'[16] In my experience, feelings of triumph are inevitably bound up even with normal mourning, and have the effect of retarding the work of mourning, or rather they contribute much to the difficulties and pain which the mourner experiences. When hatred of the lost loved object in its various manifestations gets the upper hand in the mourner, this not only turns the loved lost person into a persecutor, but shakes the mourner's belief in his good inner objects as well. The shaken belief in the good objects disturbs most painfully the process of idealization, which is an essential intermediate step in mental development. With the young child, the idealized mother is the safeguard against a retaliating or a dead mother and against all bad objects, and therefore represents security and life

[16] 'Mourning and Melancholia', *Collected Papers*, Vol. IV, p. 166.

itself. As we know, the mourner obtains great relief from recalling the lost person's kindness and good qualities, and this is partly due to the reassurance he experiences from keeping his loved object for the time being as an idealized one.

The passing states of elation [17] which occur between sorrow and distress in normal mourning are manic in character and are due to the feeling of possessing the perfect loved object (idealized) inside. At any time, however, when hatred against the lost loved person wells up in the mourner, his belief in him breaks down and the process of idealization is disturbed. (His hatred of the loved person is increased by the fear that by dying the loved one was seeking to inflict punishment and deprivation upon him, just as in the past he felt that his mother, whenever she was away from him and he wanted her, had died in order to inflict punishment and deprivation upon him.) Only gradually, by regaining trust in external objects and values of various kinds, is the normal mourner able once more to strengthen his confidence in the lost loved person. Then he can again bear to realize that this object was not perfect, and yet not lose trust and love for him, nor fear his revenge. When this stage is reached, important steps in the work of mourning and towards overcoming it have been made.

To illustrate the ways in which a normal mourner re-established connections with the external world I shall now give an instance. Mrs. A., in the first few days after the shattering loss of her young son, who had died suddenly while at school, took to sorting out letters, keeping his and throwing others away. She was thus unconsciously attempting to restore him and keep him safe inside herself, and throwing out what she felt to be indifferent, or rather hostile—that is to say, the ' bad ' objects, dangerous excreta and bad feelings.

Some people in mourning tidy the house and re-arrange furniture, actions which spring from an increase of the obsessional mechanisms which are a repetition of one of the defences used to combat the infantile depressive position.

In the first week after the death of her son she did not cry much, and tears did not bring her the relief which they did later on. She

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[17] Abraham writes of a situation of this kind: ' We have only to reverse [Freud's] statement that " the shadow of the lost love-object falls upon the ego " and say that in this case it was not the shadow but the bright radiance of his loved mother which was shed upon her son.' (*Selected Papers*, p. 442.)

felt numbed and closed up, and physically broken. It gave her some relief, however, to see one or two intimate people. At this stage Mrs. A., who usually dreamed every night, had entirely stopped dreaming because of her deep unconscious denial of her actual loss. At the end of the week she had the following dream :

She saw two people, a mother and son. The mother was wearing a black dress. The dreamer knew that this boy had died, or was going to die. No sorrow entered into her feelings, but there was a trace of hostility towards the two people.

The associations brought up an important memory. When Mrs. A. was a little girl, her brother, who had difficulties in his school work, was going to be tutored by a school-fellow of his own age (I will call him B.). B.'s mother had come to see Mrs. A.'s mother to arrange about the coaching, and Mrs. A. remembered this incident with very strong feelings. B.'s mother behaved in a patronizing way, and her own mother appeared to her to be rather dejected. She herself felt that a fearful disgrace had fallen upon her very much admired and beloved brother and the whole family. This brother, a few years older than herself, seemed to her full of knowledge, skill and strength —a paragon of all the virtues, and her ideal was shattered when his deficiencies at school came to light. The strength of her feelings about this incident as being an irreparable misfortune, which persisted in her memory, was, however, due to her unconscious feelings of guilt. She felt it to be the fulfilment of her own harmful wishes. Her brother himself was very much chagrined by the situation, and expressed great dislike and hatred of the other boy. Mrs. A. at the time identified herself strongly with him in these resentful feelings. In the dream, the two people whom Mrs. A. saw were B. and his mother, and the fact that the boy was dead expressed Mrs. A.'s early death wishes against him. At the same time, however, the death wishes against her own brother and the wish to inflict punishment and deprivation upon her mother through the loss of her son—very deeply repressed wishes— were part of her dream thoughts. It now appeared that Mrs. A., with all her admiration and love for her brother, had been jealous of him on various grounds, envying his greater knowledge, his mental and physical superiority, and also his possession of a penis. Her jealousy of her much beloved mother for possessing such a son had contributed towards her death wishes against her brother. One dream thought, therefore, ran : ' A mother's son has died, or will die. It is this unpleasant woman's son, who hurt my mother and brother, who

should die.' But in deeper layers, the death wish against her brother had also been reactivated, and this dream thought ran : ' My mother's son died, and not my own.' (Both her mother and her brother were in fact already dead.) Here a contrasting feeling came in—sympathy with her mother and sorrow for herself. She felt : ' One death of the kind was enough. My mother lost her son ; she should not lose her grandson also.' When her brother died, besides great sorrow, she unconsciously felt triumph over him, derived from her early jealousy and hatred, and corresponding feelings of guilt. She had carried over some of her feelings for her brother into her relation to her son. In her son, she also loved her brother ; but at the same time, some of the ambivalence towards her brother, though modified through her strong motherly feelings, was also transferred on to her son. The mourning for her brother, together with the sorrow, the triumph and the guilt experienced in relation to him, entered into her present grief, and was shown in the dream.

Let us now consider the interplay of defences as they appeared in this material. When the loss occurred, the manic position became reinforced, and denial in particular came especially into play. Unconsciously, Mrs. A. strongly rejected the fact that her son had died. When she could no longer carry on this denial so strongly, but was not yet able to face the pain and sorrow, triumph, one of the other elements of the manic position, became reinforced. ' It is not at all painful ', the thought seemed to run, as the associations showed, ' if *a* boy dies. It is even satisfactory. Now I get my revenge against this unpleasant boy who injured my brother.' The fact that triumph over her brother had also been revived and strengthened became clear only after hard analytic work. But this triumph was associated with control of the *internalized* mother and brother, and triumph over them. At this stage the *control* over her internal objects was reinforced, the misfortune and grief were *displaced* from herself on to her internalized mother. Here denial again came into play—denial of the psychical reality that she and her internal mother were one and suffered together. Compassion and love for the internal mother were denied, feelings of revenge and triumph over the internalized objects and control of them were reinforced, partly because, through her own revengeful feelings, they had turned into persecuting figures.

In the dream there was only one slight hint of Mrs. A.'s growing unconscious knowledge (indicating that the denial was lessening) that it was she *herself* who lost her son. On the day preceding the dream

she was wearing a black dress with a white collar. The woman in the dream had something white round her neck on her black dress.

Two nights after this dream she dreamt again : *She was flying with her son, and he disappeared. She felt that this meant his death—that he was drowned. She felt as if she, too, were to be drowned—but then she made an effort and drew away from the danger, back to life.*

The associations showed that in the dream she had decided that she would not die with her son, but would survive. It appeared that even in the dream she felt that it was good to be alive and bad to be dead. In this dream the unconscious knowledge of her loss is much more accepted than in the one of two days earlier. Sorrow and guilt had drawn closer. The feeling of triumph had apparently gone, but it became clear that it had only diminished. It was still present in her satisfaction about remaining alive—in contrast to her son's being dead. The feelings of guilt which already made themselves felt were partly due to this element of triumph.

I am reminded here of a passage in Freud's ' Mourning and Melancholia ':[18] ' Reality passes its verdict—that the object no longer exists—upon each single one of the memories and hopes through which the libido was attached to the lost object, and the ego, confronted as it were with the decision whether it will share this fate, is persuaded by the sum of its narcissistic satisfactions in being alive to sever its attachment to the non-existent object.' In my view, this ' narcissistic satisfaction ' contains in a milder way the element of triumph which Freud seemed to think does not enter into normal mourning.

In the second week of her mourning Mrs. A. found some comfort in looking at nicely situated houses in the country, and in wishing to have such a house of her own. But this comfort was soon interrupted by bouts of despair and sorrow. She now cried abundantly, and found relief in tears. The solace she found in looking at houses came from her rebuilding her inner world in her phantasy by means of this interest and also getting satisfaction from the knowledge that other people's houses and good objects existed. Ultimately this stood for re-creating her good parents, internally and externally, unifying them and making them happy and creative. In her mind she made reparation to her parents for having, in phantasy, killed their children, and by this she anticipated their wrath. Thus her fear that the death of

[18] *Collected Papers*, Vol. IV, p. 166.

her son was a punishment inflicted on her by retaliating parents lost in strength, and also the feeling that her son frustrated and punished her by his death was lessened. The diminution of hatred and fear all round allowed the sorrow itself to come out in full strength. Increase of distrust and fears had intensified her feeling of being persecuted and mastered by her internal objects and strengthened her need to master them. All this had expressed itself by a hardening in her internal relationships and feelings—that is to say, in an increase in manic defences. (This was shown in the first dream.) If these again diminish through the strengthening of the subject's belief in goodness—his own and others'—and fears decrease, the mourner is able to surrender to his own feelings, and to cry out his sorrow about the actual loss.

It seems that the processes of projecting and ejecting which are closely connected with giving vent to feelings, are held up in certain stages of grief by an extensive manic control, and can again operate more freely when that control relaxes. Through tears, which in the unconscious mind are equated to excrement, the mourner not only expresses his feelings and thus eases tension, but also expels his ' bad ' feelings and his ' bad ' objects, and this adds to the relief obtained through crying. This greater freedom in the inner world implies that the internalized objects, being less controlled by the ego, are also allowed more freedom : that these objects themselves are allowed, in particular, greater freedom of feeling. In the mourner's situation, the feelings of his internalized objects are also sorrowful. In his mind, they share his grief, in the same way as actual kind parents would. The poet tells us that ' Nature mourns with the mourner '. I believe that ' Nature ' in this connection represents the internal good mother. This experience of mutual sorrow and sympathy in internal relationships, however, is again bound up with external ones. As I have already stated, Mrs. A.'s greater trust in actual people and things and help received from the external world contributed to a relaxing of the manic control over her inner world. Thus introjection (as well as projection) could operate still more freely, more goodness and love could be taken in from without, and goodness and love increasingly experienced within. Mrs. A., who at an earlier stage of her mourning had to some extent felt that her loss was inflicted on her by revengeful parents, could now in phantasy experience the sympathy of these parents (dead long since), their desire to support and to help her. She felt that they also suffered a severe loss and shared her grief, as they would have done had they lived. In her internal world harshness and

suspicion had diminished, and sorrow had increased. The tears which she shed were also to some extent the tears which her internal parents shed, and she also wanted to comfort them as they—in her phantasy—comforted her.

If greater security in the inner world is gradually regained, and feelings and inner objects are therefore allowed to come more to life again, re-creative processes can set in and hope return.

As we have seen, this change is due to certain movements in the two sets of feelings which make up the depressive position : persecution decreases and the pining for the lost loved object is experienced in full force. To put it in other words : hatred has receded and love is freed. It is inherent in the feeling of persecution that it is fed by hatred and at the same time feeds hatred. Furthermore, the feeling of being persecuted and watched by internal ' bad ' objects, with the consequent necessity for constantly watching them, leads to a kind of dependence which reinforces the manic defences. These defences, in so far as they are used predominantly against persecutory feelings (and not so much against the pining for the loved object), are of a very sadistic and forceful nature. When persecution diminishes, the hostile dependence on the object, together with hatred, also diminishes, and the manic defences relax. The pining for the lost loved object also implies dependence on it, but dependence of a kind which becomes an incentive to reparation and preservation of the object. It is creative because it is dominated by love, while the dependence based on persecution and hatred is sterile and destructive.

Thus, while grief is experienced to the full and despair at its height, the love for the object wells up and the mourner feels more strongly that life inside and outside will go on after all, and that the lost loved object can be preserved within. At this stage in mourning, suffering can become productive. We know that painful experiences of all kinds sometimes stimulate sublimations, or even bring out quite new gifts in some people, who may take to painting, writing or other productive activities under the stress of frustrations and hardships. Others become more productive in a different way—more capable of appreciating people and things, more tolerant in their relation to others—they become wiser. Such enrichment is in my view gained through processes similar to those steps in mourning which we have just investigated. That is to say, any pain caused by unhappy experiences, whatever their nature, has something in common with mourning. It reactivates the infantile depressive position, and encountering and

overcoming adversity of any kind entails mental work similar to mourning.

It seems that every advance in the process of mourning results in a deepening in the individual's relation to his inner objects, in the happiness of regaining them after they were felt to be lost (' Paradise Lost and Regained '), in an increased trust in them and love for them because they proved to be good and helpful after all. This is similar to the ways in which the young child step by step builds up his relations to external objects, for he gains trust not only from pleasant experiences, but also from the ways in which he overcomes frustrations and unpleasant experiences, nevertheless retaining his good objects (externally and internally). The phases in the work of mourning when manic defences relax and a renewal of life inside sets in, with a deepening in internal relationships, are comparable to the steps which in early development lead to greater independence from external as well as internal objects.

To return to Mrs. A. Her relief in looking at pleasant houses was due to the setting in of some hope that she could re-create her son as well as her parents ; life started again inside herself and in the outer world. At this time she could dream again and unconsciously begin to face her loss. She now felt a stronger wish to see friends again, but only one at a time and only for a short while. These feelings of greater comfort, however, again alternated with distress. (In mourning as well as in infantile development, inner security comes about not by a straightforward movement but in waves.) After a few weeks of mourning, for instance, Mrs. A. went for a walk with a friend through the familiar streets, in an attempt to re-establish old bonds. She suddenly realized that the number of people in the street seemed overwhelming, the houses strange and the sunshine artificial and unreal. She had to retreat into a quiet restaurant. But there she felt as if the ceiling were coming down, and the people in the place became vague and blurred. Her own house suddenly seemed the only secure place in the world. In analysis it became clear that the frightening indifference of these people was reflected from her internal objects, who in her mind had turned into a multitude of ' bad ' persecuting objects. The external world was felt to be artificial and unreal, because real trust in inner goodness had gone.

Many mourners can only make slow steps in re-establishing the bonds with the external world because they are struggling against the chaos inside ; for similar reasons the baby develops his trust in the

object-world first in connection with a few loved people. No doubt other factors as well, e.g. his intellectual immaturity, are partly responsible for this gradual development in the baby's object relations, but I hold that this also is due to the chaotic state of his inner world.

One of the differences between the early depressive position and normal mourning is that when the baby loses the breast or bottle, which has come to represent to him a 'good' helpful, protective object inside him, and experiences grief, he does this in spite of his mother being there. With the grown-up person however the grief is brought about by the actual loss of an actual person; yet help comes to him against this overwhelming loss through his having established in his early life his 'good' mother inside himself. The young child, however, is at the height of his struggles with fears of losing her internally and externally, for he has not yet succeeded in establishing her securely inside himself. In this struggle, the child's relation to his mother, her actual presence, is of the greatest help. Similarly, if the mourner has people whom he loves and who share his grief, and if he can accept their sympathy, the restoration of the harmony in his inner world is promoted, and his fears and distress are more quickly reduced.

Having described some of the processes which I have observed at work in mourning and in depressive states, I wish now to link up my contribution with the work of Freud and Abraham.

Following Freud's and his own discoveries about the nature of the archaic processes at work in melancholia, Abraham found that such processes also operate in the work of normal mourning. He concluded that in this work the individual succeeds in establishing the lost loved person in his ego, while the melancholic has failed to do so. Abraham also described some of the fundamental factors upon which that success or failure depends.

My experience leads me to conclude that, while it is true that the characteristic feature of normal mourning is the individual's setting up the lost loved object inside himself, he is not doing so for the first time but, through the work of mourning, is reinstating that object as well as all his loved *internal* objects which he feels he has lost. He is therefore *recovering* what he had already attained in childhood.

In the course of his early development, as we know, he establishes his parents within his ego. (It was the understanding of the processes of introjection in melancholia and in normal mourning which, as we know, led Freud to recognize the existence of the super-ego in normal development.) But, as regards the nature of the super-ego and the

history of its individual development, my conclusions differ from those of Freud. As I have often pointed out, the processes of introjection and projection from the beginning of life lead to the institution inside ourselves of loved and hated objects, who are felt to be ' good ' and ' bad ', and who are interrelated with each other and with the self: that is to say, they constitute an inner world. This assembly of internalized objects becomes organized, together with the organization of the ego, and in the higher strata of the mind it becomes discernible as the super-ego. Thus, the phenomenon which was recognized by Freud, broadly speaking, as the voices and the influence of the actual parents established in the ego is, according to my findings, a complex object-world, which is felt by the individual, in deep layers of the unconscious, to be concretely inside himself, and for which I and some of my colleagues therefore use the term ' internalized ', or an internal (inner) world. This inner world consists of innumerable objects taken into the ego, corresponding partly to the multitude of varying aspects, good and bad, in which the parents (and other people) appeared to the child's unconscious mind throughout various stages of his development. Further, they also represent all the real people who are continually becoming internalized in a variety of situations provided by the multitude of ever-changing external experiences as well as phantasied ones. In addition, all these objects are in the inner world in an infinitely complex relation both with each other and with the self.

If I now apply this conception of the super-ego organization as compared with Freud's super-ego to the process of mourning, the nature of my contribution to the understanding of this process becomes clear. In normal mourning the individual re-introjects and reinstates, as well as the actual lost person, his loved parents—who are felt to be his ' good ' inner objects. His inner world, the one which he has built up from his earliest days onwards, in his phantasy was destroyed when the actual loss occurred. The rebuilding of this inner world characterizes the successful work of mourning.

An understanding of this complex inner world enables the analyst to find and resolve a variety of early anxiety-situations which were formerly unknown, and is therefore theoretically and therapeutically of an importance so great that it cannot yet be fully estimated. I believe that the problem of mourning also can only be more fully understood by taking account of these early anxiety situations.

I shall now illustrate in connection with mourning one of these anxiety-situations which I have found to be of crucial importance also

in manic-depressive states. I refer to the anxiety about the internalized parents in destructive sexual intercourse ; they as well as the self are felt to be in constant danger of violent destruction. In the following material I shall give extracts from a few dreams of a patient, D., a man in his early forties, with strong paranoid and depressive traits. I am not going into details about the case as a whole : but am here concerned only to show the ways in which these particular fears and phantasies were stirred in this patient by the death of his mother. She had been in failing health for some time, and was, at the time to which I refer, more or less unconscious.

One day in analysis, D. spoke of his mother with hatred and bitterness, accusing her of having made his father unhappy. He also referred to a case of suicide and one of madness which had occurred in his mother's family. His mother, he said, had been ' muddled ' for some time. Twice he applied the term ' muddled ' to himself and then said : ' I know you are going to drive me mad and then lock me up.' He spoke about an animal being locked up in a cage. I interpreted that his mad relative and his muddled mother were now felt to be inside himself, and that the fear of being locked up in a cage partly implied his deeper fear of containing these mad people inside himself and thus of going mad himself. He then told me a dream of the previous night : *He saw a bull lying in a farmyard. It was not quite dead, and looked very uncanny and dangerous. He was standing on one side of the bull, his mother on the other. He escaped into a house, feeling that he was leaving his mother behind in danger and that he should not do so ; but he vaguely hoped that she would get away.*

To his own astonishment, my patient's first association to the dream was of the blackbirds which had disturbed him very much by waking him up that morning. He then spoke of buffaloes in America, the country where he was born. He had always been interested in them and attracted by them when he saw them. He now said that one could shoot them and use them for food, but that they are dying out and should be preserved. Then he mentioned the story of a man who had been kept lying on the ground, with a bull standing over him for hours, unable to move for fear of being crushed. There was also an association about an actual bull on a friend's farm ; he had lately seen this bull, and he said it looked ghastly. This farm had associations for him by which it stood for his own home. He had spent most of his childhood on a large farm his father owned. In between, there were associations about flower seeds spreading from the country and taking root in town

gardens. D. saw the owner of this farm again the same evening and urgently advised him to keep the bull under control. (D. had learnt that the bull had recently damaged some buildings on the farm.) Later that evening he received the news of his mother's death.

In the following hour, D. did not at first mention his mother's death, but expressed his hatred of me—my treatment was going to kill him. I then reminded him of the dream of the bull, interpreting that in his mind his mother had become mixed up with the attacking bull father—half dead himself—and had become uncanny and dangerous. I myself and the treatment were at the moment standing for this combined parent-figure. I pointed out that the recent increase of hatred against his mother was a defence against his sorrow and despair about her approaching death. I referred to his aggressive phantasies by which, in his mind, he had changed his father into a dangerous bull which would destroy his mother ; hence his feeling of responsibility and guilt about this impending disaster. I also referred to the patient's remark about eating buffaloes, and explained that he had incorporated the combined parent-figure and so felt afraid of being crushed internally by the bull. Former material had shown his fear of being controlled and attacked internally by dangerous beings, fears which had resulted among other things in his taking up at times a very rigid and immobile posture. His story of the man who was in danger of being crushed by the bull, and who was kept immobile and controlled by it, I interpreted as a representation of the dangers by which he felt threatened internally.[19]

I now showed the patient the sexual implications of the bull's attacking his mother, connecting this with his exasperation about the birds waking him that morning (this being his first association to the bull dream). I reminded him that in his associations birds often stood

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[19] I have often found that processes which the patient unconsciously feels are going on inside him are represented as something happening on top of or closely round him. By means of the well-known principle of representation by the contrary, an external happening can stand for an internal one. Whether the emphasis lies on the internal or the external situation becomes clear from the whole context—from the details of associations and the nature and intensity of affects. For instance, certain manifestations of very acute anxiety and the specific defence mechanisms against this anxiety (particularly an increase in denial of psychic reality) indicate that an internal situation predominates at the time.

for people, and that the noise the birds made—a noise to which he was quite accustomed—represented to him the dangerous sexual intercourse of his parents, and was so unendurable on this particular morning because of the bull dream, and owing to his acute state of anxiety about his dying mother. Thus his mother's death meant to him her being destroyed by the bull inside him, since—the work of mourning having already started—he had internalized her in this most dangerous situation.

I also pointed out some hopeful aspects of the dream. His mother might save herself from the bull. Blackbirds and other birds he is actually fond of. I showed him also the tendencies to reparation and re-creation present in the material. His father (the buffaloes) should be preserved, i.e. protected against his—the patient's—own greed. I reminded him, among other things, of the seeds which he wanted to spread from the country he loved to the town, and which stood for new babies being created by him and by his father as a reparation to his mother—these live babies being also a means of keeping her alive.

It was only after this interpretation that he was actually able to tell me that his mother had died the night before. He then admitted, which was unusual with him, his full understanding of the internalization processes which I had interpreted to him. He said that after he had received the news of his mother's death he felt sick, and that he thought, even at the time, that there could be no physical reason for this. It now seemed to him to confirm my interpretation that he had internalized the whole imagined situation of his fighting and dying parents.

During this hour he had shown great hatred, anxiety and tension, but scarcely any sorrow; towards the end, however, after my interpretation, his feelings softened, some sadness appeared, and he experienced some relief.

The night after his mother's funeral, D. dreamt that X. (a father figure) and another person (who stood for me) were trying to help him, but actually he had to fight for his life against us; as he put it: 'Death was claiming me.' In this hour he again spoke bitterly about his analysis, as disintegrating him. I interpreted that he felt the helpful external parents to be at the same time the fighting, disintegrating parents, who would attack and destroy him—the half-dead bull and the dying mother inside him—and that I myself and analysis had come to stand for the dangerous people and happenings inside himself. That his father was also internalized by him as dying

or dead was confirmed when he told me that at his mother's funeral he had wondered for a moment whether his father also was not dead. (In reality the father was still alive.)

Towards the end of this hour, after a decrease of hatred and anxiety, he again became more co-operative. He mentioned that the day before, looking out of the window of his father's house into the garden and feeling lonely, he disliked a jay he saw on a bush. He thought that this nasty and destructive bird might possibly interfere with another bird's nest with eggs in it. Then he associated that he had seen, some time previously, bunches of wild flowers thrown on the ground—probably picked and thrown away by children. I again interpreted his hatred and bitterness as being in part a defence against sorrow, loneliness and guilt. The destructive bird, the destructive children—as often before—stood for himself, who had, in his mind, destroyed his parents' home and happiness and killed his mother by destroying her babies inside her. In this connection his feelings of guilt related to his *direct* attacks in phantasy on his mother's body ; whilst in connection with the bull dream the guilt was derived from his *indirect* attacks on her, when he changed his father into a dangerous bull who was thus carrying into effect his—the patient's—own sadistic wishes.

On the third night after his mother's funeral, D. had another dream :

He saw a 'bus coming towards him in an uncontrolled way—apparently driving itself. It went towards a shed. He could not see what happened to the shed, but knew definitely that the shed ' was going to blazes '. Then two people, coming from behind him, were opening the roof of the shed and looking into it. D. did not ' see the point of their doing this ', but they seemed to think it would help.

Besides showing his fear of being castrated by his father through a homosexual act which he at the same time desired, this dream expressed the same internal situation as the bull dream—the death of his mother inside him and his own death. The shed stood for his mother's body, for himself, and also for his mother inside him. The dangerous sexual intercourse represented by the 'bus destroying the shed happened in his mind to his mother as well as to himself ; but in addition, and that is where the predominant anxiety lay, to his mother inside him.

His not being able to see what happened in the dream indicated that in his mind the catastrophe was happening internally. He also knew, without seeing it, that the shed was ' going to blazes '. The

'bus ' coming towards him ', besides standing for sexual intercourse and castration by his father, also meant ' happening inside him '.[20]

The two people opening the roof from behind (he had pointed to my chair) were himself and myself, looking into his inside and into his mind (psycho-analysis). The two people also meant myself as the ' bad ' combined parent-figure, myself containing the dangerous father—hence his doubts whether looking into the shed (analysis) could help him. The uncontrolled 'bus represented also himself in dangerous sexual intercourse with his mother, and expressed his fears and guilt about the badness of his own genitals. Before his mother's death, at a time when her fatal illness had already begun, he accidentally ran his car into a post—without serious consequences. It appeared that this was an unconscious suicidal attempt, meant to destroy the internal ' bad ' parents. This accident also represented his parents in dangerous sexual intercourse inside him, and was thus an acting out as well as an externalization of an internal disaster.

The phantasy of the parents combined in ' bad ' intercourse—or rather, the accumulation of emotions of various kinds, desires, fears and guilt, which go with it—had very much disturbed his relation to both parents, and had played an important part not only in his illness but in his whole development. Through the analysis of these emotions referring to the actual parents in sexual intercourse, and particularly through the analysis of these internalized situations, the patient became able to experience real mourning for his mother. All his life, however, he had warded off the depression and sorrow about losing her, which were derived from his infantile depressive feelings, and had denied his very great love for her. In his mind he had reinforced his hatred and feelings of persecution, because he could not bear the fear of losing his loved mother. When his anxieties about his own destructiveness decreased and confidence in his power to restore and preserve her became strengthened, persecution lessened and love for her came gradually to the fore. But together with this he increasingly experienced the grief and longing for her which he had repressed and denied from his early days onward. While he was going through this mourning with sorrow and despair, his deeply buried love for his mother came more and more into the open, and his relation to both parents altered.

[20] An attack on the outside of the body often stands for one which is felt to happen internally. I have already pointed out that something represented as being on top of or tightly round the body often covers the deeper meaning of being inside.

On one occasion he spoke of them, in connection with a pleasant childhood memory, as ' my dear old parents '—a new departure in him.

I have described here and in my former paper the deeper reasons for the individual's incapacity to overcome successfully the infantile depressive position. Failure to do so may result in depressive illness, mania or paranoia. I pointed out (*op. cit.*) one or two other methods by which the ego attempts to escape from the sufferings connected with the depressive position, namely either the flight to internal good objects (which may lead to severe psychosis) or the flight to external good objects (with the possible outcome of neurosis). There are, however, many ways, based on obsessional, manic and paranoid defences, varying from individual to individual in their relative proportion, which in my experience all serve the same purpose, that is, to enable the individual to escape from the sufferings connected with the depressive position. (All these methods, as I have pointed out, have a part in normal development also.) This can be clearly observed in the analyses of people who fail to experience mourning. Feeling incapable of saving and securely reinstating their loved objects inside themselves, they must turn away from them more than hitherto and therefore deny their love for them. This may mean that their emotions in general become more inhibited ; in other cases it is mainly feelings of love which become stifled and hatred is increased. At the same time, the ego uses various ways of dealing with paranoid fears (which will be the stronger the more hatred is reinforced). For instance, the internal ' bad ' objects are manically subjugated, immobilized and at the same time denied, as well as strongly projected into the external world. Some people who fail to experience mourning may escape from an outbreak of manic-depressive illness or paranoia only by a severe restriction of their emotional life which impoverishes their whole personality.

Whether some measure of mental balance can be maintained in people of this type often depends on the ways in which these various methods interact, and on their capacity to keep alive in other directions some of the love which they deny to their lost objects. Relations to people who do not in their minds come too close to the lost object, and interest in things and activities, may absorb some of this love which belonged to the lost object. Though these relations and sublimations will have some manic and paranoid qualities, they may nevertheless offer some reassurance and relief from guilt, for through them the lost loved object which has been rejected and thus again destroyed is

to some extent restored and retained in the unconscious mind.

If, in our patients, analysis diminishes the anxieties of destructive and persecuting internal parents, it follows that hate and thus in turn anxieties decrease, and the patients are enabled to revise their relation to their parents—whether they be dead or alive—and to rehabilitate them to some extent even if they have grounds for actual grievances. This greater tolerance makes it possible for them to set up ' good ' parent-figures more securely in their minds, alongside the ' bad ' internal objects, or rather to mitigate the fear of these ' bad ' objects by the trust in ' good ' objects. This means enabling them to experience emotions—sorrow, guilt and grief, as well as love and trust—to go through mourning, but to overcome it, and ultimately to overcome the infantile depressive position, which they have failed to do in childhood.

To conclude. In normal mourning, as well as in abnormal mourning and in manic-depressive states, the infantile depressive position is reactivated. The complex feelings, phantasies and anxieties included under this term are of a nature which justifies my contention that the child in his early development goes through a transitory manic-depressive state as well as a state of mourning, which become modified by the infantile neurosis. With the passing of the infantile neurosis, the infantile depressive position is overcome.

The fundamental difference between normal mourning, on the one hand, and abnormal mourning and manic-depressive states, on the other, is this. The manic-depressive and the person who fails in the work of mourning, though their defences may differ widely from each other, have this in common, that they have been unable in early childhood to establish their internal ' good ' objects and to feel secure in their inner world. They have never really overcome the infantile depressive position. In normal mourning, however, the early depressive position, which had become revived through the loss of the loved object, becomes modified again, and is overcome by methods similar to those used by the ego in childhood. The individual is reinstating his actually lost loved object ; but he is also at the same time re-establishing inside himself his first loved objects—ultimately the ' good ' parents—whom, when the actual loss occurred, he felt in danger of losing as well. It is by reinstating inside himself the ' good ' parents as well as the recently lost person, and by rebuilding his inner world, which was disintegrated and in danger, that he overcomes his grief, regains security, and achieves true harmony and peace.

THE INFLUENCE OF EARLY ENVIRONMENT IN THE DEVELOPMENT OF NEUROSIS AND NEUROTIC CHARACTER

BY

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The material upon which this paper is based is the case-material which I have seen during the past three years at the London Child Guidance Clinic. I have seen there about 150 cases and, although none of the cases has been fully analysed, an immense amount of work has been done, much of it by analytically trained workers, on them. Data regarding the child's past and present environment has been collected by psychiatric social workers [1] and in the huge majority of cases I have personally interviewed the mother and had some opportunity of gauging her character. The material therefore, although far less intensive than that obtained in analysis, is not altogether superficial and contains reliable evidence on issues which are not easily investigated in analysis. In my view there is a vast field of research open to analysts in psychiatric clinics. In those where it is possible to spend a number of hours on each case and the services of a trained psychiatric social worker are available, it is easy to collect detailed clinical material on, analytically speaking, large numbers of cases. It is my belief that this type of research is of much more value in solving certain analytic problems than is research limited to analytic sessions, and the subject of this paper is a conspicuous example of the type of problem which I have in mind. The very meagre attention given to the rôle of environment in analytic literature seems to me to be due to analysts having in their daily analytic work only very poor opportunities of investigating the problem. Except in the case of child analysts, in fact, first hand observations are impossible. I look forward to the day when analytic research will be pursued vigorously along both the intensive lines of the analytic interview and also the more extensive lines possible in a child guidance clinic or mental hospital.

Perhaps another reason for the neglect of a study of environment has been the gradual recognition that individuals to a great extent choose their environment and so are often the authors rather than the

[1] I am particularly indebted to two members of the staff of the London Child Guidance Clinic, Miss C. N. Fairbairn and Miss E. M. Lowden, for the help they have given me.

victims of circumstance. Now however true this may be for adults and even adolescents it is far less true for infants and it is with the environment in infancy that I am principally concerned. It seems to me to be as important for analysts to make a scientific study of early environment as it is for the nurseryman to make a scientific study of soil and atmosphere. Psycho-analysts like the nurseryman should study intensively and at first hand (1) the nature of the organism, (2) the properties of the soil and (3) the interaction of the two. Much work has already been done on the study of the organism. This paper is intended as a preliminary survey of the soil conditions with a few suggestions regarding their interaction with the organism.

Naturally familiarity with analytic material is necessary if we are to make use of our extra-analytic opportunities. Many of the observations hitherto made on the environments of neurotic children have been made by workers untrained in analysis. It is not surprising therefore that findings have often been negative. Unless we know the sort of thing which is likely to be significant, we shall not find it. Further, unless we look systematically and are suspicious of general statements that 'the environment appears satisfactory', we shall again draw blank. It is surprising what vital facts can be overlooked in a perfunctory interview—the mother being in a T.B. sanatorium for six months when the child was two, the grandmother dying in tragic circumstances in the child's home, the fact that a child was illegitimate and attempts had been made to abort the pregnancy—such facts as these are environmental factors which I believe have great significance but which are often concealed intentionally or unintentionally in a short interview. In a patient whom I am at present treating it was not for two months that I discovered that her mother had never wanted the child and had made a half-hearted attempt at abortion. For these reasons negative evidence that the environment has played no part in the development of a neurosis is worthless, unless it can be shown that a really detailed account of the environment from conception onwards has been obtained and we can satisfy ourselves that our knowledge of the mother's attitude to the child, especially in its unconscious aspects, is adequate.

My own approach to the rôle of environment in the causation of neurosis has of course been from the analytic angle. For this reason I have ignored many aspects of the child's environment such as economic conditions, housing conditions, the school situation, diet and religious teaching, which some psychiatrists have thought important.

Instead I have concentrated my attention upon the emotional atmosphere of the home and the *personal environment* of the child. In particular I have paid attention to the *early environment* in which the child has found himself. The numerous studies of the environment of neurotic children published nowadays are woefully lacking in details of early environment, and authors habitually draw from their inadequate observations the most unwarranted conclusions. Thus we find Norwood East and Hubert in their recent study of criminals [2] stating that a certain case showed ' no relationship to early or later unsatisfactory environment ', despite the fact that the child was illegitimate and had been born in a Salvation Army Home. Although this information is totally inadequate, it is reasonable to suspect that the early environment of this patient was far from satisfactory in a sense which I shall shortly describe in detail.

Because of my belief that the early environment is of vital importance I make careful inquiries into the history of the child's relations to his mother and whether and in what circumstances there have been separations between mother and child. Another general line of inquiry is into the mother's treatment of her child, not merely in its external aspects but also in its deeper emotional quality. In this I always try to obtain some information from which to reconstruct the mother's unconscious attitude towards her child. Finally, I make careful inquiries into illness and death in the family and how it affected the child.

Now I suppose everyone would agree that this personal environment affects every child to some degree. The questions remain, however, to what degree ? and in what way ?

These questions are inevitably in the front of one's mind when one is working at a child guidance clinic. A child is brought for examination. He is very aggressive and destructive. He bullies his little sister. He suffers from night terrors. At school he is provocative and invites punishment, which he gets. It is clear that there is a serious emotional disturbance, there is a great deal of half-repressed aggression, much anxiety and intense guilt. But what is not clear is why did *this* child fall ill—why are *his* instincts so strong ?—why has *he* so much anxiety and guilt ?

Amongst many factors there are two which we can always look for —the child's heredity and the personal environment in which he was

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[2] *The Psychological Treatment of Crime*, H.M. Stationery Office, p. 48.

brought up. These of course are complementary rather than mutually exclusive so that the presence of one need not lead us to dismiss the other as negligible. When I say therefore that a careful survey of the child's past and present environment reveals in the majority of cases conditions which psychologically are patently bad, it should not be assumed that I ignore inherited difficulties, which are almost certainly significant in a large number of cases. Yet it is often doubtful whether a congenital difficulty in coping with instinctual tensions and conflicts would have led to neurosis unless the environment had increased the problems with which the child has had to deal. In my experience it is only in a small minority of children who are sent to a child guidance clinic that the past and present environment appears to be even average from the psychological point of view. Indeed the incidence of certain environmental factors appears so great that it is difficult not to suppose in many cases that without them there would have been no neurosis. In putting forward the following views I am therefore proposing a general theory of the genesis of neurosis.

Environmental factors of a pathogenic character can be divided into two major classes :

(A.) Those which are operative during the earliest years of life and appear to influence the whole cast of the child's character.

(B.) Those which occur later in the child's life, say after five years, and appear to act as precipitants. It is my belief that these precipitating factors are pathogenic only when there are already serious emotional conflicts in the child's mind, although traumas such as the tragic death of mother or siblings may, by confirming phantasies of the omnipotent effect of death wishes, have serious effects on even the normal child. The study of precipitating factors is interesting and does much to illuminate the nature of the conflicts which they arouse, but is outside the scope of the present paper.

My concern here is with the environmental factors which are operative during the child's earliest years and which appear so to influence the development of the child's character that they may reasonably be termed *factors responsible for neurosis.* They are naturally of very many kinds, but can for convenience be classified into two groups :

(1) Specific events, such as death of the mother or prolonged separation of the child from his mother.

(2) The general colour of the mother's emotional attitude to her child. Under this heading are to be counted her handling of feeding,

weaning and toilet-training ; for the way in which a mother (or nurse) handles these questions is dependent far more upon her unconscious attitude both to these things in herself and to the child as a person, than upon any conscious method she adopts. The handling of feeding, weaning and habit-training can thus be regarded to a great extent as a function of a mother's character.

In dealing with the specific events first I will discuss by way of example the effects upon a child of being parted for long periods or permanently from his mother.

For a long time broken homes have been suspected of increasing a child's conflicts and making in particular for delinquency. An investigation of this problem has suggested to me that it is not so much the fact of the child's home being broken which is of importance, but the frequent result of this—the separation of the child from his mother. This view is supported by the discovery that children who have been separated in early life, for long periods or permanently, from their mothers or mother-substitutes, whatever the reason, all develop in the same way. Consequently in place of the term ' broken home ' I prefer to use the more accurate and comprehensive term ' broken mother–child relation '.

Prolonged breaks during the first three years of life leave a characteristic impression on the child's personality. Clinically such children appear emotionally withdrawn and isolated. They fail to develop libidinal ties with other children or with adults and consequently have no friendships worth the name. It is true that they are sometimes sociable in a superficial sense, but if this is scrutinized we find that there are no feelings, no roots in these relationships. This, I think, more than anything else, is the cause of their hard-boiledness. Parents and school-teachers complain that nothing you say or do has any effect on the child. If you thrash him he cries for a bit, but there is no emotional response to being out of favour, such as is normal to the ordinary child. It appears to be of no essential consequence to these lost souls whether they are in favour or out. Since they are unable to make genuine emotional relations, the condition of a relationship at a given moment lacks all significance for them.

Nansi was an example of this sequence. She was nearly eight when first seen. The problem was that she was dishonest and pilfered money, which was usually spent on sweets.

She was the second of five children, all of whom lived with their widowed mother. They were looked after by a decrepit old grand-

mother because the mother had to work to make a living. The parents' marriage was described as having been 'ideally happy'. 'We never had a single quarrel or cross word, and when he died we were all broken-hearted.' The father died when Nansi was five. He had been regarded as highly respectable, and the mother also had a good reputation.

Early History. Birth was normal and the child was bottle-fed like the other children. She appears to have thrived and walked at ten months. At twelve months she fell ill with bronchitis and was in hospital for nine months altogether, having contracted pneumonia and measles whilst away. During all this time she never saw her parents, who were only permitted to visit her when she was asleep. On returning home she was frightened and very babyish and for some months wetted and soiled her bed every night, although previously she had been clean.

Personality. Her mother described the child as always having been the 'odd one out'. She never wanted to play with either sister or brothers. She appeared quite indifferent to what happened to her and to how she was treated. When her younger brothers were born she treated the event as if it did not concern her and showed no interest. If she wet her knickers she never mentioned it, and showed no shame if it was found out, but preserved her usual detached manner. If given Christmas or birthday presents she either lost them or gave them away.

Her behaviour at school was not so unusual as at home, from the accounts available. She was said to be a bright child who enjoyed her work and played about like any other child. But she was obviously preoccupied with her faults, sometimes going spontaneously to the teacher to say she had been good all the week. She was also a keen Salvationist and had often told her teacher she was saved, 'so it will be all right'. (Both her parents were Salvationists.)

Pilfering. It was difficult to know for how long the pilfering had been going on, but it had been very persistent during the previous six months. She seems to have taken money from every available source. She had systematically swindled her next brother out of his milk money for a whole term. She had stolen a shilling from her teacher's bag, and the landlady had reported she had found Nansi taking money out of her pocket more than once. She had also taken money from a Salvation Army collecting box, opening it with a knife.

She spent most of her gains on sweets and food. On one occasion

she bought fish and chips and fizzy lemonade which she shared with a brother.

When caught she was quite unashamed. Her teacher had known she was light-fingered for some time and had tried hard to break her of the habit both by punishing her and by kindness, but neither had had any effect.

Examination. When examined at the Clinic she was found to have an I.Q. of 111 and to be a withdrawn, detached and unemotional child, although quite friendly. When it was time for her to go she asked if she might take some toys home ' for her little brother ' and wanted to take the whole box. Although presented with a cow, it was observed that she secreted a small doll and took that away as well.

In this case the break was nine months in hospital during the second year. But characters similar in all essentials follow if there have been, between the ages of about six months and four years, changes in foster homes, transference of the child to others' care owing to the mother's death or prolonged illness and in some cases where the mother is working and the child is looked after for long periods by strangers.

During the last few years I have seen some sixteen cases of this affectionless type of persistent pilferer and in only two was a prolonged break absent. In all the others gross breaches of the mother–child relation had occurred during the first three years, and the child had become a persistent pilferer. The details were as follows :

(1) Girl aged 5.7. Father deserted. Child put in a succession of foster-homes between 7 months and 5 years.

(2) Boy aged 10.6. Father deserted. From 2 months to 3 years in foster-home and from 3 years onwards with maternal grandfather.

(3) Boy aged 6.3. Mother died at 1.3. Child lived with aunt for 9 months and later with an older sister who was grossly irresponsible.

(4) Boy aged 12. Mother died at 12 months. During next 5 years in a succession of foster-homes.

(5) Boy aged 9.9. Fell ill at 9 months and in hospital 8 months unvisited.

(6) Boy aged 11.6. Illegitimate. With mother 1 month, with great-aunt until she died 18 months later, returned to mother for 1 year, subsequently in foster-home.

(7) Girl aged 12.3. Illegitimate. First 20 months unknown. In same foster-home since.

(8) Boy aged 12.11. Illegitimate. From 5 months to 3 years in foster-home, then returned to mother.

(9) Boy aged 7.8. Mother chronically ill with T.B. and in sanatoria for long periods when boy between 2 and 5. Looked after by a variety of people.

(10) Boy aged 6. Fell ill at 18 months and in hospital for 9 months unvisited.

(11) Girl aged 7.10. Fell ill at 12 months and in hospital 9 months unvisited. (Patient described above.)

(12) Girl aged 3.8. Fell ill at 4 months and in hospital 14 months. Parents visited weekly, but child soon failed to recognize them.

(13) Boy aged 9.4. Illegitimate, but looked after by aunt from birth. Fell ill at 3 years and in hospital for long period (dates unknown).

(14) Boy aged 11.6. Unwanted and possibly born before parents married. Mother working and boy in various foster-homes for short periods during first 3 years.

The other two children had not been separated, but had nevertheless developed affectionless characters. In one there was bad heredity, the father and grandfather being psychotic. In the other an anxious ambivalent mother and an extremely hostile father seemed to have played a part in causing the condition.

Amongst thirty other children referred for stealing, five had had similar breaks. All five were seriously ill mentally. One was schizophrenic, having previously been a typically affectionless child, one chronically depressed, one a hysterical girl with very pronounced phantasy life and two were defiant and boastful bullies. The latter two had much of the affectionless character about them.

Amongst forty-four unselected child guidance cases who did not steal there were only 3 who had had comparable separations. Two were schizophrenic and one, a girl of 5.4, extremely hysterical in personality, with strong hostility to her foster-mother.

The proportion of cases in which gross breaks in the mother–child relation had occurred can be tabulated thus :—

	No.	No. in which mother-child breaks occur
Affectionless Thieves . . .	16	14
Other Types of Thief . . .	30	5
Non-stealing Cases . . .	44	3

Since I have had no opportunity of gauging the frequency of this condition amongst normal children conclusions must be tentative. The figures, however, strongly suggest that, whilst an inherited difficulty in maintaining libidinal ties can in certain circumstances be responsible for the development of an affectionless character, it is more frequent for the libidinal inhibition to be brought about by the environmental circumstances in which the child found himself. Moreover there seem grounds for suspecting that this particular environmental influence tends to produce a particular clinical picture. Thus, out of the twenty-two children who had experienced this break, fourteen had become affectionless thieves and three had become schizophrenic (two at least having previously been affectionless). Amongst the sixty-eight who had not experienced such a break, only two were affectionless thieves and three schizophrenic. So frequent therefore is the development of an affectionless and persistent pilferer following an early break that I am tempted to believe that we have here a relation between environmental influence and clinical picture which is relatively specific.

If this view is accepted, a further conclusion seems to me to follow : that minor breaks are likely also to have a damaging effect on a child's development. This of course is much more difficult to investigate than the gross and dramatic breaks which I have been concerned with, but one such case has recently come to my notice.

Sylvia S., aged $2\frac{3}{4}$ years, was referred for disturbed sleep. She was restless, threw herself from side to side of her cot, rolled her head and talked in her sleep, repeating things she had said during the day. She did not scream or cry. She was in the habit of waking at five o'clock and insisted on playing. Otherwise she was described as a happy normal child who played cheerfully with her dolls, treating them kindly. She was not afraid of the dark or of strangers, although a little shy at first. She ate well and was amenable, provided you were patient. The chief person in her environment, her mother, seemed a pleasant warm-hearted girl who was happily married and fond of the baby. There were no other children.

When the history was gone into it was found that the sleeping difficulties had all come on since Sylvia was in hospital for intussusception at the age of ten months. The mother was not allowed to see the child for the whole of the next week, although the father went daily. He noticed that the child was fretting, and insisted that the mother should be allowed to visit. Finally they removed Sylvia from

hospital at the end of the second week against orders, because she was so unhappy. She had never slept well since and when they came to the clinic the mother was very much worried.

A few interviews with the mother and a weekly play-group for Sylvia cleared up the symptoms completely.

Between these two extremes of Nansi, whose personality was very severely disturbed, and Sylvia, who, perhaps largely thanks to particularly sympathetic parents, had not developed more than transient symptoms, there is an endless gradation of cases of children whose emotional difficulties have dated from a break in their relations with their mothers.

Very much more might be said about these gross and dramatic interruptions of the child's emotional development. Such cases are frequently seen in a child guidance clinic and the relation of the mental state to the environmental trauma is not difficult to trace. It will take much more time to work out the psychopathology in detail, and since I hope to make a special study of it I will not go into it further now. I wish instead to proceed to the discussion of the other group, where the ætiological rôle of the environment is less clear, although in my view just as important.

There are many children who have never suffered any obvious psychological trauma, who have remained in a relatively stable home, looked after by their mothers and well cared for according to ordinary standards. Yet they have developed into neurotic children with great anxiety and guilt and abnormally strong sexual and aggressive impulses. If these cases are carefully investigated, one factor stands out—the personality of the mother and her emotional attitude towards the child. During my child guidance work I have come to recognize certain typical sorts of mothers whose influence has seemed to me to have been injurious to the child through increasing his sexual and aggressive impulses and phantasies, and also his anxiety and guilt.

No doubt fathers are often also of importance, but my information on this score is far less certain owing to fathers never being seen at first hand. In a few cases they appear to have had as much influence on the child as the mother, but in the majority of cases it seems that the influence of fathers is less direct than that of mothers, who of course have far more to do with the children during the first few formative years. A father may, however, considerably influence his wife's handling of the children through his behaviour towards her. He may for instance increase her anxiety and guilt through constant criticism,

he may make her miserable and depressed through quarrels and infidelity. On the other hand, by being kind, helpful and sympathetic a husband can ease a wife's feelings and help her to more patience with the children. In this indirect way, it seems to me, fathers play a not inconsiderable rôle.

Our information regarding the influence of mothers is however far more reliable and can be discussed in detail. A particularly common type of mother to be met with is the one who has a strong unconscious hostility towards her child. Such mothers are by no means always ' bad mothers ' in the ordinary everyday sense of those words. Indeed many, in over-compensation for their unconscious hostility, have developed a heavily over-protecting attitude, being afraid to let the child out of their sight, fussing over minor illness, worrying lest something terrible should happen to their darlings, doing everything consciously possible to make the child healthy and happy. But despite these sincere and honest attempts to be good mothers such women are commonly very bad mothers. For, as psycho-analytic experience would lead us to expect, in spite of these efforts their hostility does not remain inactive. It comes out in very numerous ways—in unnecessary deprivations and frustrations, in impatience over naughtiness, in odd words of bad temper, in a lack of the sympathy and understanding which the usual loving mother intuitively has. Sometimes of course there are dramatic threats against the child to send it away if it is naughty, but these are not in my view half as important as the myriad of minor pin-pricks and signs of dislike which such women give their children from birth onwards.

I need hardly say that these mothers are neurotic. They almost always have genuine affection for their children, but unconscious hostility makes their attitude ambivalent. This unconscious hostility dates of course from their own childhoods, from ambivalent conflicts in relation to their parents or brothers and sisters.

This type of mother has probably often been recognized before. Melanie Klein in her book [3] describes the mother of Rita, aged $2\frac{3}{4}$ and suffering from obsessional symptoms, as herself suffering from a severe obsessional neurosis and having had an ambivalent relation towards the child from the first.

Of the very many cases which I have seen I will describe Sheila C., aged $4\frac{1}{2}$, who was referred for screaming-fits and destructiveness. The

[3] *The Psycho-Analysis of Children*, p. 24, footnote.

screaming-fits came on in connection with going to school, which she said she hated. On examination she was found to have a mental age of six years. She had bright ginger hair and red chubby cheeks. At first she was shy and very nervous of leaving her mother, but later she played actively with various toys, although she was unable to settle down to anything and seemed dissatisfied. During her play she squashed a celluloid doll and told me to put it away. The general impression was a peevish and anxious child who was in constant need of reassurance.

The story was that she was the only child of young parents. Her father was a clerk and appeared to be an excellent and loving husband and father. The mother however was of an obviously irritable temperament. She had always looked after Sheila, but now felt quite unable to manage her. She seemed genuinely anxious to do her best for the child, but admitted at once that she was always losing patience, getting irritable and slapping her in temper. She was an intelligent woman and even in the first interview had much insight into the problem. She remarked that the trouble might be because she had never really managed to want the child. She recognized this as a problem and was anxious for help over it.

Mrs. C.'s attitude to Sheila had been ambivalent from the first. She became pregnant accidentally very soon after marriage, having intended to spend her first year of married life having a good time. She very much resented being disabled in this way and was frankly jealous of her husband, who went off on Saturdays to play cricket for his firm. When the baby was born she was pleased with it, but at the same time felt it a tie and a nuisance.

One origin of Mrs. C.'s hostility to Sheila was not far to seek. She herself had been an only child and her father was killed in the war when she was 6½. She had been attached to her father, but was very happy living alone with her mother after his death. Then, when Mrs. C. was eleven, her mother married again and a new baby was born eighteen months later. The new baby was very delicate and consequently had much special attention. The step-father had apparently been extremely strict and this, coupled with his intrusion into the family, had made Mrs. C. very hostile to him. Her jealousy and resentment of the baby had moreover been intensified considerably by her having to give up hockey on Saturday mornings to look after it. During this period her feeling for babies apparently changed completely, since previously she had been fond of them but henceforth was

indifferent and hostile. Difficulties with her mother and step-father increased as time went on and there was much friction over her engagement.

No doubt an analysis would have given us much more material, especially regarding early ambivalence, but this material gives some impression of her problems. When she came to the Clinic she was very miserable and cried over her lack of affection for her husband and daughter. She felt fond of both, but unable to express her feelings and to respond to her husband. She remarked that her mind seemed to be at war with itself, that she was restless and dissatisfied.

It was clear at the first interview that Sheila was a neurotic child. Further information showed that she was cruel to the cat and was very hostile to her mother. The screaming-attacks at school had come on after she had been called a ' bad, naughty girl ' and there was much other evidence to show the strong sense of guilt which she was trying to evade and to get reassurance against.

Now it seemed to me then—and many other cases have fortified my belief—that the excess of hostility and guilt found in Sheila was the direct result of her mother's attitude towards her. There must be few children who would not be resentful to a mother who loses her temper, shakes and slaps them when they do not immediately do what is required of them. Constant small frustrations and interferences again are apt to make the best-tempered child furious and bitter. Sheila's hostility is therefore easily explained and no doubt a large measure of her guilt was a direct result of this.

But a further factor came in which is as common in the mothers of neurotic children as the unconscious hostility. Mrs. C. was herself a very guilty woman. She was deeply unhappy and miserable about her lack of affection and feeling of jealousy. But although she could at times admit her own faults, she usually projected them on to her daughter and made a scapegoat of her. She would refer to the child as a ' horrid little beast ', talked bitterly of Sheila's ' nasty traits ', by which she meant Sheila's desire to be first in everything, her selfishness and greediness. She was specially angry about Sheila's remark—' I want all that pudding—I don't want Daddy to have any.' Indeed, Sheila's greediness, selfishness and rudeness were her constant theme in these interviews and she described vividly how she let Sheila know in no uncertain terms how disgusted she was with her.

I arranged to see Mrs. C. with a view to helping her to accept these traits in herself in the hope that she would be more tolerant of Sheila

and blame her less. It was naturally only after a considerable number of interviews that I could enable her to realize how jealous she had been of her step-father and step-sister, her reaction to the realization being a memory of wanting to hit her own father over the head when he kissed her mother. Her feeling of guilt and self-condemnation about her own jealousy and selfishness were explored and her attitude to Sheila improved very considerably, with the result that Sheila's symptoms almost disappeared.

Of course Sheila remained a neurotic child. She had introjected her mother's condemning attitude very fully, and a modification of the mother's attitude when the child was 4½ was hardly calculated to alter the child's super-ego. Yet it seemed to me probable that a reduction of the maternal condemnation might do something over a period of years to help the child back to normality and at least the situation would be prevented from getting worse.

The two maternal tendencies illustrated in this case, unconscious hostility towards the child and a projection of condemned impulses on to her, are seen extremely commonly in child guidance practice. By way of further examples I will mention two other cases briefly where parental projection is in full swing.

A father brought a child of 2½ for advice on account of alleged masturbation. It appeared that the boy had been seen to touch his genitals on two occasions some months previously. He had immediately been put under the cold tap by his father and since then either his father or his mother had sat by his cot whenever he was in it and not sleeping. In this case it was unnecessary to inquire why such precautions had been taken, for his father began spontaneously to tell at length of his own struggle with masturbation. It had been one of the central issues of his life and he held all the usual views regarding its harmfulness. It was obvious that this father's conflicts had already had a serious influence upon his handling of his son's infantile masturbation and were likely enormously to increase the child's guilt about it.

One feels that without treatment this case might easily develop after the pattern of a case whom Elizabeth Geleerd is at present treating. She is a child of seven years whose principal symptom is open and frequent masturbation. Her mother, it appears, has been in the habit of washing the child's genitals twice a day and inspects them to see whether the child has masturbated or not. This behaviour alone suggests that the mother herself has acute conflicts about

masturbation and it seems not unreasonable to suppose that the intensity of the child's conflicts are the result of the mother's attitude.

Finally there is the case of a boy of five, Cyril R., referred for being unmanageable. He is disobedient, destructive, treats his mother like dirt and swears at her. He plays the truant from home and appears to be utterly hard-boiled. When he was 2½ a sister was born. He was jealous and on one occasion took an enamel mug away from her and hit her over the head with it. Soon afterwards the baby died of diarrhœa and vomiting. The father thought Cyril's behaviour had 'probably' caused the death, and the mother blamed him openly. The nursery-school, which Cyril was attending at this time, described his mother as being 'hateful' to him and openly wishing he was dead after the baby's death. When another baby died a year later, Mrs. R.'s resentment against Cyril was reported to have been equally intense. The mother was a neurotic woman and her attitude to Cyril seemed to have been the result of projecting all her guilt about the baby's death on to him. (It is perhaps not without interest that she herself had been left in a railway carriage when she was ten days old and brought up by foster parents. She had always harboured a grudge against her mother for this.)

Now I want to emphasize that the parents of whom I have spoken were very decent people who were honestly intending to do their best for their children. But unconscious resentment dating from their own childhoods had made them impatient and hostile, whilst guilt about jealousy, hatred or masturbation had led them to make scapegoats of their children.

I am inclined to think that much the same factors underlie spoiling. We find a mother who is always looking after her child, fussing about his health, giving him presents in what appears an endless round of protection and love. When we look at things more closely however we find a very different picture. Such a mother behaves in this way in order to compensate for her unconscious hostility to the child, and it is this which I believe damages the child. In one case a mother was so anxious about her boy that when the school had a bun feast and all the children brought buns to put in a common pool, the mother forbade the boy to pool his because she was afraid to let him eat a bun brought by another child. It was not surprising to find a great deal of unconscious hostility behind this obsessional precaution. The boy had developed a great fear of his own aggression as was shown by a tic and a pathetic timidity and it did not seem to me extravagant to suppose

that the boy's fear of his own aggression had resulted from his mother's fear and guilt about her own.

Another factor which often appears important in spoiling is the mother's inability to stand hostility or criticism from her child. We may take it for granted that even the most loving children have periods when they hate their parents. Now parents react to this hatred in very different ways. Some take it as a matter of course—an aspect of human life which no one likes but which we have to put up with. But many neurotic parents cannot regard it in this light. Owing to unconscious guilt they must have constant reassurance that they are good mothers, not bad as they fear. Consequently they buy off their children's natural hostility by love and kisses. Some children of course do not respond, but there are many who fall into the trap. Such mothers will go to endless lengths to wheedle affection from their children and to rebuke in a pained way any show of what they call ingratitude. It is perhaps small wonder that the child develops very high ideals of the affection he feels he should give and a horror of his aggressive and greedy impulses which pain his mother so.

The mother of Derek S. was a good example of the person who must see herself as good and cannot bear criticism or hostility. She was a woman of forty-one who brought her boy aged 9½ to the Clinic because of his extreme nervousness, which manifested itself particularly in a refusal to undergo any medical or dental treatment and in his crying ' at the least little thing '.

When giving a picture of family life to the social worker, she made a point of emphasizing how happy and united the family was, how there was never a cross word and how they all adored each other. Now all this was no doubt true but it was obvious from her very insistence that it was not the whole story. She was clearly afraid of admitting the possibility of any friction or hostility in the family, a view which was confirmed by her husband, who later informed us that a cross word always made Mrs. S. ill and that six months previously, after a few words between the two of them, she had had a fit of hysterics and had gone to hospital for three days in a state of collapse.

This little incident well illustrated her pathological fear of conflict and gave some clue as to why she demanded affection and could not tolerate to be seen in any rôle but that of the good loving mother. Without the knowledge of this incident moreover the unwary might have been led to think that here we were dealing with a normally good mother who could not possibly have had a bad influence on her son.

In a recent (unpublished) paper Ignacio Matte Blanco has reported on an adult alcoholic patient whose mother was of this type. He writes :

' As regards the mother, it seems that her own guilt required that she should be considered the perfect mother. She has the reputation of being a saint, and at the beginning of the analysis the patient talked abundantly about it. But it was soon evident that this was only the expurgated edition of a more complex personality. I will quote only one example to show how the mother suppressed the child's criticisms against herself. She used to tell the patient the story of a boy who helped his mother in the work of the house, ran errands for her and did little jobs. One day the boy presented the mother with a bill as follows :—

To running errands	2*d*.
To helping in the work of the house . .	2*d*.
Various others	2*d*.
Total	6*d*.

The mother replied with another bill :—

To looking after you all these years . .	Nothing
To loving and cherishing you . . .	Nothing
To feeding and clothing you . . .	Nothing
Total	Nothing '

A persistent attitude of this kind will, as Matte Blanco says, efficiently suppress a child's criticism of his mother and canalize all his feelings into the one permitted expression : love and gratitude. It will also enormously increase the child's guilt over his selfish, greedy and hostile impulses.

Of course it is one thing to point to the prevalence of unconscious hostility, guilt, repression, projection and the need for reassurance amongst the mothers of neurotic children and another to understand in detail how these factors influence the psychic development of the child and make him neurotic. Before discussing this however it may be as well to deal with another question which is frequently raised. How is it that children of one family can differ so greatly in their degree of instability ?

They are, it might be argued, brought up in the same emotional atmosphere with the same mother and father, and influences which

affect one child badly should affect the others also : any differences in the way in which they turn out must therefore be due to inherited disposition. Now it is unquestionably true that children of one family can vary greatly in their inherited qualities and potentialities, and no doubt this does account for many differences of character within a family. But it must not be allowed to blind us to the fact that the emotional atmospheres in which the children of one family grow up are never the same and in some cases bear practically no resemblance to one another. Apart altogether from gross environmental changes such as hospitalization and visits of parents abroad which may affect one child and not another at all, the children are bound to be of different ages when the same event occurs. Thus the mother's absence for six months will affect a child of ten very differently from a child of two. Position in the family is obviously of significance also, but perhaps even more important are the parents' feelings towards their several children. One has only to hear a mother talking about her different children to recognize that her feelings about them can be as varied as the colours of a rainbow. Indeed it is obvious that no mother can feel the same towards all her children, however much she may try. One child is born when the parents are radiantly happy together—another when there are differences and difficulties. One child may be of the right sex, another a disappointment because it is of the wrong one. One child may be longed for, another come too soon, yet another be altogether unwanted. Whilst these variations of feeling are obvious and inevitable even in the normal mother, it seems likely that they are very much exaggerated in the neurotic, whose emotions are always inclined to extremes. A neurotic parent may differentiate extremely between the boys and the girls or again may idolize one child and pour hatred on another who becomes the personification of evil.

As an example of a relatively normal mother who, despite her own wishes, had very different feelings towards her four children as a result of the circumstances of their birth, one might quote the mother of Eric C. He was aged 7.3 and referred for being backward and difficult at school. He was restless, interfering, disobedient and always up to mischief. Although wanting to play with other children, he was so annoying, selfish and spiteful that they soon got sick of him. He was however affectionate and liked very much to be made a fuss of. One of his traits which particularly worried his mother was his inability to ask for anything, his deceitfulness and his fear of owning up to doing wrong—all in marked difference to the elder brother. Eric had a twin

sister, who was a persistent masturbator and in other ways very like Eric, a brother one year older and another aged three. His father was a working man who had the reputation of being a good father and a reliable husband. His mother appeared a sensible woman with a kind friendly attitude towards other people and showed a real concern about Eric. In the very first interview she remarked how 'she had never felt quite the same affection for the twins as she had for the other two children. She had never wanted to have them on to her knee, and never had any qualms about leaving them in bed and going out when she would always have taken William (the elder brother) with her.'

The mother's attitude quite clearly resulted from the circumstances of their birth. In the first place the second pregnancy had begun only nine months after the elder boy was born. Twins had not been predicted and when Eric, who was born second, appeared, he was a very disagreeable surprise. Finally, immediately after the birth the mother developed severe kidney trouble and was kept in hospital. Owing to the mother's condition the twins were taken from her at three weeks and put in another hospital. At four months the mother returned home, having had her kidney out, and the family was reunited. But the mother was hardly fit enough to look after three babies and took the twins in a spirit of self-sacrifice. It was a source of much worry to her that she had never been able to feel affection for the twins as she did for the other two boys, and she realized with remorse that she had treated them coldly and without sympathy all their lives.

Having studied the soil conditions, we may now proceed to the question of how they actually affect the organism and make for maldevelopment. Not having analysed any case fully, I can only give an outline of the ways in which I suppose them to work.

It is not difficult, I think, to understand why the child of an unconsciously hostile mother has abnormally strong id impulses, why he is demanding, jealous and resentful to an abnormal degree. These mothers frustrate their children, not in a few dramatic ways, but persistently and all the time over trifles. When the child wants to run about, the mother stops him, when he wants to play with bricks, she wants him to have his milk, when he wants to have a game with the soap, she wants to get him to bed. All mothers frustrate their children, but the mother of the sort I am describing, having no sympathy or patience, increases the inevitable frustration a hundred or thousand fold. Instead of sympathising with the jealous child she is

angry, instead of comforting him when he is miserable she gives him a slap, instead of joining in his play she puts him to bed, instead of taking part in his phantasy life she accuses him of lying. It is not that she uses any particular form of punishment or indulges any special cruelty. It is not that she says or does anything very terrible ; but the way in which she does and says the ordinary everyday things of life is what seems to damage the child. When he is treated in this way, it seems to me small wonder that the child develops a greater degree of rage, jealousy and libinal demand than the average.

But we know that it is not merely strong id impulses which make for neurosis, but their conflict and repression by the child's super-ego. Theories of the origin of the super-ego have changed considerably since Freud first described it and there is of course still much controversy about it. Here I shall assume Melanie Klein's theories, which seem to me most easily to fit the facts.

In addition to the introjected elements, the super-ego has an instinctual root in the child's love for his parents. It is because hostility and greed conflict with this love that a part of the child's ego develops to control and repress the unwanted and disturbing impulses. Now it is reasonable to suppose that the stronger these disturbing impulses are, the stronger will the super-ego have to become in order to control them. This seems to me to be one of the factors which lead to the development of severe super-egos in children of unconsciously hostile parents. We have already seen that as a result of frustration and hostility such children develop extremely strong hostile and greedy impulses towards their mothers, impulses which come into direct conflict with their love for them. Some degree of repression of their love is probably always one result, leading in many cases to an assertion of hatred and a denial of love and guilt. The alternative is the over-development of the mechanisms for controlling and coping with unwanted impulses—the super-ego.

But the pattern upon which this simple instinctual institution models itself is of course the parents, both real and imaginary. Much has been written about the introjection of phantastically severe parents, an imaginary severity being itself the product of projection. Less perhaps has been written recently about the introjection of the parents' real characters. Now it is obvious that in so far as these children have unusually strong hostile and greedy impulses, their phantasies of their parents will be cast in unusually lurid colours and their introjected parents correspondingly cruel. But in addition to this there are the

characters of their real parents. Sheila's mother regarded the child as a horrid little beast and told her so in the bitterest of tones. She was for ever telling her how disgusted she was by her selfishness, greed and rudeness. Sheila's super-ego not unnaturally came to echo these words. Again and again Mrs. C. must have given Sheila the impression that the phantasy bad mother really existed, and so confirmed the child's phantasies. An intolerant and severe super-ego was hardly surprising.

Moreover a vicious circle is soon set up, for the child, feeling guilty, begins to interpret his mother's hostile and condemning attitude as a reaction to his own badness, and so his guilt is increased. This is a familiar mechanism and need not be elaborated.

The explanation of the effect of the ' good ' spoiling mother on her child may be understood in a slightly different way. Women such as Mrs. S., owing to guilt originating in their own childhood, are extremely vulnerable to hostility and criticism. Their whole lives depend upon the reassurance of admiration and affection ; hostility therefore causes them real and severe suffering. Now children are very sensitive to the way in which they affect their parents. They want very much to give their mothers pleasure and to see them happy. They are miserable when they have made their mothers miserable. Consequently the children of spiritually fragile mothers suffer particularly. They are always doing things which make their mother unhappy and then regretting it. There is therefore more reason than usual for repressing hostility, a course persistently encouraged by the mother herself, who is of course exploiting her child's conscience and affection to the full. The result is naturally a priggish child who is terrified of his now severely repressed resentment and hostility, or else a child who despairs of doing anything but harm to his mother.

Much more work needs to be done before either the observations or the theories advanced here can be accepted. For instance until a careful statistical comparison is made between the environment of neurotic children and that of normal children, definite scientific conclusions are impossible. I am hoping to undertake some such research. Meanwhile we must be content with clinical impressions. But supposing these clinical impressions are provisionally accepted, what conclusions are to be drawn ?

In the first place I think it should make us extremely cautious in recommending small children to be separated from their parents. There are many occasions when separation is unnecessary and many

others in which careful arrangements can mitigate the separation. Thus if a child must be in hospital the mother should be encouraged to visit daily, whilst if a mother cannot take her child abroad with her care should be taken to see that the child is looked after by people with whom he is familiar and in familiar surroundings. Great care should even so be exercised when a new baby has just been born. Even a well-arranged separation will be a serious shock to an older child who is left behind if the baby is taken, or even when he is left with the baby. At these times a child's phantasies of being deserted and punished are especially acute and easily inflamed. Of course this does not mean that mothers ought ideally never to be apart from their children. Provided breaks are not too long and continuity is preserved there seems no evidence to suppose that the child who is always with his mother is any better off than the child who only sees her for a few hours a day and not at all for odd holiday weeks. If however it became a tradition that small children were never subjected to complete or prolonged separation from their parents in the same way that regular sleep and orange juice have become nursery traditions, I believe that many cases of neurotic character development would be avoided. That is the most important thing of all.

Unfortunately with neurotic mothers preventive measures are not practicable, short of a prophylactic analysis. But if we hold the view that neurotic mothers have a serious effect upon their children we shall probably pay more attention to treating them, especially when the children are small and the neurotic disturbances not far advanced. Melanie Klein, whilst recognizing the problem, is rather pessimistic in her book as to what can be done. She remarks that giving advice to neurotic mothers only increases their guilt and anxiety, and so makes their attitude to their child even worse. She therefore concludes: 'I do not, in the light of my own experiences, put much faith in the possibility of affecting the child's environment. It is better to rely upon the results achieved in the child itself.'[4] Now as far as giving advice is concerned I find myself in complete agreement with Mrs. Klein's views. Although with the relatively normal mother advice is often of value, with the neurotic mother it is worse than useless. In addition to its being a waste of time to try to change particular things in her handling of her child, by attempting it, as Mrs. Klein points out, we increase the mother's guilt and so make the child appear more of a

[4] *The Psycho-Analysis of Children*, pp. 119–120.

menace in her eyes. An increase of guilt will also increase her tendency to make of the child a scapegoat.

But there are other methods of handling these mothers besides giving them advice. Many of them recognize that it is their whole attitude to their child which is somehow wrong and are prepared to have help in changing it. A weekly interview in which their problems are approached analytically and traced back into their childhood is sometimes remarkably successful. Having once been helped to recognize and recapture the feelings which she herself had as a child and to find that they are accepted tolerantly and understandingly, a mother will become increasingly sympathetic and tolerant towards the same things in her child. It is sometimes possible also to work over unconscious hostility and the guilt associated with it. By these methods the mother's guilt is diminished and her general attitude changed. Naturally it is not possible to work in this way with every mother ; some are too ill mentally to be treated once a week ; others have too rigid a character for anything but a prolonged analysis to affect it. But there are many young mothers who respond favourably. Naturally one hopes in carrying out this treatment, or a fuller analysis where this is possible, that one may help not merely the one child but also other members of the family.

This procedure is not an alternative to the child being treated. Ideally both mother and child should be seen at the same time by different workers, and this is a procedure I habitually attempt in child guidance work when the child is under six.

So much for the direct approach to the mother. The further question now arises—to what extent is a knowledge of the environmental factor as it affects the child of value in analysing adults ? I am aware that this is highly controversial ground and properly needs a paper to itself. But I would like to submit that it is an important problem.

Every patient who comes to us has a distorted view of his parents owing to projection and introjection. Some patients will project all that they feel to be bad in themselves on to their parents and blame and hate their parents. Others will project all the good and idolize their parents. Both attitudes are neurotic and need to be analysed if the patient is to be cured.

Now it may be said that, having no information of the patient's parents except at second-hand, we have no means of judging what the parents really were like. This view seems to me false. Although we

must always be cautious in accepting our patients' description of their parents, the little analytic experience which I have had leads me to believe that, through the veil of prejudice and exaggeration woven by our patients, it is almost always possible to get a glimpse of the real personalities of parents with their varying qualities and defects. In giving interpretations of a patient's feelings towards his past or his present love object and also his feelings in the transference, it seems to me to add reality if we relate the origin of his feelings to the actual environmental situation in which he found himself when they began.

For instance if there is reason to believe a mother to have been a prude, this I think should be related to the patient's guilt over sexual problems. If there is reason to suppose that the mother had strong hostility to the child this should be taken into account in analysing the patient's ambivalence towards his mother. If the mother is believed to have demanded great affection and to have been intolerant of hostility, this again must be borne in mind when analysing the patient's guilt about hostility and anxiety about love. Naturally this will apply also in the transference expression of the same feelings. But in saying that these external situations should be taken into account in a full interpretation, it should not be thought that I wish to ignore the spontaneous anxiety and guilt arising internally as a result of conflicting emotions. It is by analysing the interplay between the internal and external forces, I believe, that we help our patients most.

Finally it seems to me that a working knowledge of the characters of a patient's parents helps us in analysing the projections made by him on to his parents. For instance in patients who project all the bad things on to their parents and hate them, I think it often helpful to recognize and accept the really bad aspects of the parents. This strengthens our hand when we wish later to point out the patient's repressed love for the good sides of his parents.

Again, with a patient who idolizes his parents and tells us that his mother was a wonderful woman, it is often necessary, I think, not only to interpret the patient's repressed hatred of her but also, what is much more difficult for many patients to accept, that there really were sides of his mother's character which were not lovable. An inability to admit defects in a loved person is an inability to accept reality. We often see this in the transference. Many patients idealize their analysts and are unable to admit even obvious faults. On one occasion for instance my watch was fast and I dismissed a patient several minutes early, a mistake made easier by the fact that I was in a hurry.

She realized that I had given her short measure and mentioned it the next day, but was full of excuses for me—of course it must have been a mistake, and so on. Such patients readily encourage a positive counter-transference and also the analyst's self-conceit, and consequently we have to be on our guard if we are to analyse adequately in the transference a patient's blindness to the real defects of his loved objects. This inhibition is probably always a defence against the fear that the loved object is damaged and angry and is harbouring revengeful and evil feelings. The anxiety is that to admit even one defect may let loose terrifying phantasies which will endanger the whole love relation.

It is probably precisely these mechanisms at work in ourselves which make the scientific evaluation of the environmental factors so difficult. Our own emotional difficulties influence us towards one extreme or the other—either we debase mothers, think of them all as being full of evil wishes which are the cause of our troubles, and are unable even to imagine the benefactions of good mothers ; or else we idolize mothers, think of them as being full of good wishes, feel that the cause of our troubles is our own wickedness, and are unable to conceive of bad mothers who do serious harm to their children. It is my belief that both good and bad mothers exist in fact as well as in phantasy, and that a child's emotional development is very dependent upon his mother's unconscious feelings about him. It seems probable that most mothers are reasonably good but that the mothers of neurotic children are frequently bad, in the sense that they have very strong feelings of hatred and condemnation towards their children or else make inordinate demands from them for affection. Such women are no more to be condemned than is any other neurotic person. They are to be pitied. But it would be sentimental to shut our eyes to their existence or to think that they do not have a damaging effect upon their children.

THE PSYCHICAL EXPERIENCES DURING THE SHOCKS IN SHOCK THERAPY[1]

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In this paper, which I regard as a framework, I shall describe the psychical experiences of patients undergoing shock treatment and shall attempt to estimate their significance; and I shall note certain facts to be observed in all the patients whom I examined. I shall try to relate the psychical experiences with the organic changes and to show that the bodily functions are reflected—like a mirror image—in the psyche, where they leave a lasting impression in contrast to the seemingly reversible organic events.

The paper deals with the use of insulin and triazol for the purposes of shock therapy; and I should like to make it clear from the outset that, according to my observations, they appear to belong to the same group as regards the effects which they produce. It seems to me that the distinction between them is that insulin is milder, less vehement and perhaps less profoundly effective, whereas triazol acts like a violent thunderstorm bursting suddenly and gives a far more vehement shock.

INSULIN

It would probably be best to begin my report with the history of a young schizophrenic. A young woman aged twenty (Case 1) came into this hospital in a stuporous condition with marked features of anxiety. She lay in bed for a long time without movements or any reactions. I will not give the whole very interesting history of this patient in detail, nor am I able to add the still more interesting account of the case given by the patient herself. I am hoping to make use of this material in a subsequent publication. She was from her childhood onwards very much attached to her father who died when she was a child; she did not like either her mother or her elder sister, who was

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[1] I should like to thank Dr. Ernest Jones for his help and kindness since I have been in England, and to express my gratitude to the Committee of the Warwickshire and Coventry Mental Hospital and Dr. D. N. Parfitt for the opportunity of working at Hatton Mental Hospital and for permission to make use of the material published here.

an illegitimate child. Even as a child the patient was very serious, obedient, quiet and had a great sense of responsibility, especially towards her sister. When she was seventeen she went to a shop as an assistant and was over-anxious and conscientious ; but after a time she felt dominated and suppressed by the owner, who happened to be her aunt, the sister of her mother. She was upset about the violent feelings which she felt a short time later. She wished to murder her aunt, her mother and her sister. She became depressed and shy and the whole world seemed to be strange to her. She felt incapable of taking her place in society and developed ideas of unworthiness. She identified herself with bad people, felt herself responsible for the unhappiness in the world and finally showed ideas of persecution and of being poisoned and had auditory hallucinations.

As a result of my examinations and from the plain history and the patient's self-description there is evidence of early infantile fixations with oral tendencies, homosexual phantasies, strong sadistic wishes, leading to homicidal phantasies, later converted into frank suicidal tendencies, a marked active masculine attitude, penis-envy and fear of castration. It seems to be clear that her psychosis resulted from her inability to deal with her sadistic, cannibalistic, homosexual and incestuous tendencies ; at the same time withdrawal from reality occurred, so that not only was the patient no longer exposed to these dangers, but the id-forces had an easier opportunity of obtaining imaginary satisfaction. Because she could not banish all the hated objects from the real world, she retreated from reality herself. The primitive super-ego turned these hostile impulses against herself by producing psychotic features. Instead of hating she was hated ; instead of being active she became inactive and finally stuporous. This picture of the facts was supported by a dream, which interestingly enough the patient had on awakening from an insulin coma, but which I am unable to describe in the present paper.

Some weeks after admission the patient began insulin treatment. After the first injection of insulin she experienced some slight giddiness, as if slightly under the influence of alcohol. It often happened that the patient was unable to sleep during the night before the injection was given. She was apprehensive, wondering how the next day would pass and what it would bring. In the early morning she tried to compose herself and to master her fears. She wished she were the nurse instead of the patient. After the injection she often thought it would be best not to occupy herself with her own thoughts in case

these should *harm* her. She felt that there were a lot of things which she *must* do, and that she *must* hurry, because there was so little time left—only between three-quarters of an hour and an hour. During the next fifteen minutes other changes too occurred; she could not see things as clearly as before, it took longer to recognize objects and people, the dimensions of her surroundings appeared to her to have changed, voices seemed to come from far away and objects became alarmingly large and merged into one another, she felt disturbed as if she were deeply intoxicated with alcohol. Doctors and nurses seemed to have supernatural strength, while she herself felt dwarfed and powerless. She felt in need of a kind protecting arm and of being understood. She usually wrote letters or occupied herself with reading or knitting after the injection, and when she began to experience the symptoms I have mentioned she felt compelled to cease her work. The desire to do this very tidily became imperative—everything should be in the best order before she went off—but it took her a long time, because she felt as if she were in a dream and that she could only move quite slowly. Her movements were in fact slower and mildly ataxic. Everything seemed to be far away and she could not judge their positions correctly. It seemed to her that it took many minutes to manage all this and to settle comfortably down. Objects became blurred. She felt as though she were suffocating and that these signs were the beginning of the suffering which was her punishment.

All this time she felt restless and very apprehensive—in danger; in her own words: ' it is quite possible that if God wants to take his hand from me he could do so, he can interfere at any moment.' She felt that she was completely helpless under the treatment and dependent on God and on the skill of the doctors to ' hurry her round '. She experienced a feeling of utter tiredness which would not have worried her if she had felt certain that the unconsciousness which was to follow was not going to last for ever. Each time she ' went off ' she realized that she might not come round again, in fact she used the expression ' going off ' instead of ' going to sleep ' because she felt nobody could be sure of ' coming round ', i.e. of waking up as they did after ordinary sleep.

Regarding her coma she gave the following explanation: ' The sleep under the treatment is different from normal. It is divided into two parts. Of the first part I have no knowledge at all. My brain must have been completely put to sleep, not only the conscious but also the unconscious mind. Everything seemed to be dead and out of action. It seemed as though I had been off the earth and in the

land of the dead. It was during the second part that I had the peculiar feelings.'

It is not easy to describe her feelings. While she was coming round there were at first once more fear, feelings of immobility, of numbness, of imminent danger ; and then feelings of a struggle to free herself and to fight for her life occurred. She was frightened of losing this battle and of not coming round. Gradually the feeling that she was in a serious fight grew less. She became more assured and then the first feelings of *happiness* occurred. She became sure of victory and she described it thus : ' I must thank God that I have won the battle, thank him for the victory.' She said the second part of her sleep was truly a fight for life : that she now felt triumphant to have won back her life and her feelings. During the time she was coming round, things again seemed to be distorted, everything seemed enclosed in a yellow fog and far away, and people looked like giants. The size of things and people in comparison with herself made a big impression on her, everything was strange and she had to look round in order to recognize objects. After a time she could do so, but her impressions were peculiar. She had to touch things to find out their shape, position and the right distances. At length everything assumed its normal appearance again and produced a normal impression on her. She still felt weak and helpless like a small child, and she was delighted when the nurses attended to her. Indeed she insisted on expressing her affection by repeatedly hugging and kissing them. She found she could not speak as before and at first she was not able to make even coherent sounds, and when later she recovered the power of forming her words properly she remained unable to express even simple ideas. She behaved in a simple manner, and talked childishly at times. She took things not belonging to her, kept asking for objects which she noticed in her environment (even senseless ones) to be brought to her. She shouted and cried just like a child and became very impatient if she was not given what she demanded.

As the ability to do things returned she also became more and more elated. She said that her feelings on waking up from a treatment-sleep were definitely happier than on waking from a normal healthy one. Some days after the treatment began she felt that it was not the will of God to permit her to die. She again began to take an interest in her surroundings and did not see them in such a hostile and unfriendly light as hitherto.

Her condition improved daily, her spirits lightened, and she

became somewhat hypomanic. She occupied herself with reading and writing, and became sociable, trustful and talkative.

She said that her feelings about life were completely the reverse of what they had been before. In the afternoons after treatment she felt a little weak and noticed that she was not able to concentrate very well, but the most noticeable thing was that she felt very happy and enjoyed life. Her final remarks were: 'My feelings of terror after the last injections were much less severe, and I had so much more confidence in myself that I felt safe, and I was convinced I would win the battle. I was strong enough to face any danger now. I was not so conscious that I had won a victory, and I am sure that that is a sign of improvement.'

Before leaving the history of this case I must mention that on two occasions on consecutive days the patient could only be awakened from her coma with difficulty. When I began to examine her she was resistant, she sobbed and told me how ill she was, that the nurses did not understand her and so could not treat her rightly. This made her very unhappy. She knew that it must be difficult to treat her after her 'sleep' and she felt that after it she needed kind and tender treatment. She was upset that a nurse had said: 'Don't be so childish and stop moaning!' In this connection I should like to refer once more to the dream, or as the patient first called it the 'vision', she once had on waking from a coma. She insisted on calling it a vision, because the characters appeared so close and distinct. On waking she was convinced that she had really lived through the scene, and was amazed when she was told that the people had not been in the room at all. She felt that her eyes had been open and that she had seen things with her real and not with her mind's eye. Her insistance at first that what she had seen had been a vision seemed to me significant; for I am of the opinion that it is a sign of a normal personality to be able to recognize a dream as a dream, whilst a psychotic believes that his dreams are real experiences.

Although I have not described all my cases in so much detail, yet I can say of nearly all of them that they show a similar pattern of behaviour on coming round from the coma—that is to say that about half an hour afterwards they appear more vivacious, talkative, trustful and pleased with themselves. This state lasts in my experience for various periods of time. In the first stages of treatment it is usually of only short duration; later it lasts for hours, then weeks and months, and in successful cases even indefinitely.

Similarly in the pre-coma stage most of my patients experienced feelings of fear—partly a fear arising from the profound somatic changes and partly an irrational anxiety associated with ideas of guilt; in some cases this led to a desperate wish to make atonement and obtain absolution, punishment, castration and even death. In this state the patients implore their nurses to take special care of them. One hears such remarks as: 'Do you think everything will be all right to-day?' 'Oh! I hope I shall come round to-day!' and 'Holy Mary, Mother of God, forgive my sins!'

One patient (Case 2) would always beg his father to forgive him and would promise never again to be disobedient if only he would not punish him. This man usually awoke from his coma beaming with happiness, with his hands clasped in prayer. He said that after the injection he always felt very guilty and dreaded that his father might punish him. After his coma he always looked radiantly happy and himself said that that was how he felt. At the beginning of his treatment he showed the typical picture of a hunger riot after his injections (being noisy and excited and throwing himself about); but as treatment progressed and he had a few comas, a change could be noticed. Hallucinations vanished, he became quite sociable, and finally left hospital and resumed his former work to the entire satisfaction of his employer.

There was another patient (Case 3), who described his feelings after the injection in the following words: 'It is like a nightmare; it is a feeling of terrible fear; I have queer feelings like being in a storm at sea; I feel I have lost my faith in everything. I want to catch hold of something, but I cannot get a grip on anything. I just fall helplessly. It is such a relief to come round again; I feel the world is a wonderful place. My mind seems clear and happy. I was thankful that it was all over.'

I have not here attempted to describe all the patients who were treated with insulin during my period of observation, but have selected the more important features which were to be observed in nearly every one of the cases which I saw. This feeling of well-being after the coma was to a greater or lesser extent a prominent feature in them all.

Triazol

The first case in this group of patients (Case 4) was a woman, who was suffering from a puerperal psychosis. On admission she was excited and behaved in a bizarre manner; she held imaginary con-

versations, believed there were little animals on her bed (no history of alcoholism) and at intervals adopted the attitude of a katatonic schizophrenic. She was suffering from an abscess of the breast and the appearance of a toxæmia persisted after the abscess was cured. This chronic toxæmic state was cleared up by the usual methods of treatment, but the psychosis was unchanged, and so the patient received treatment with triazol.

It happened that this patient was one of those who during pregnancy had lost a close relation (her elder brother) but this paper is not the place in which to discuss the connection between the death of a beloved person during pregnancy and the incidents of a subsequent puerperal psychosis.

Her first injection produced headache and giddiness and aggravated her feelings of anxiety, leading her to clutch at the doctors and nurses and to stare around in terror. There was no change in her mental condition until after one or two fits had been produced. She then began to show some insight into her condition : she remembered some of the early details of her illness and her impulsive behaviour on admission, and she began to recall dreams she had had in the earlier part of her illness relating to a previous love affair. (One is tempted to suggest that what she described as a recollection of a dream may have been the recollection of an hallucination—viz. little animals crawling on her bed.) She also began to talk about the elder brother who had died during her pregnancy, saying that she loved him as if he had been her father, but that she felt very little affection for her mother and sister who were still alive. Later she began to take an interest in her surroundings and would try and help the other patients ; she dropped her affected mannerisms and took a sensible interest in her appearance. She volunteered the opinion that her brother's death had played a big part in bringing about her illness. When she spoke of her husband it was usually in a tone of dissatisfaction about his financial circumstances, though there appeared to be no rational grounds for this.

She described her feelings immediately after the injections as follows : ' My sensations were most disagreeable ; I felt bewildered and frightened. Everything seemed different and things whirled round me and made me giddy. I felt very tired and was terrified that I was going to die.'

When she came round she could hear my voice but could not understand what I was saying ; she did not know where she was or

what had happened; neither could she form her words, nor, later, when she had regained the power of articulating, was she able to find the words to express herself. Nevertheless, once these unpleasant disabilities had worn off she felt very happy and after a short sleep she felt even better; the world seemed changed and she herself felt in the best of spirits. The improvement lasted for several weeks during which time the patient helped with the work in the ward and showed no sign of abnormal behaviour. A slight depression was noticed on the first occasion when menstruation returned, but the patient explained this by saying that she had hoped never again to menstruate and so to avoid the risk of another pregnancy, and she soon threw off the mood.

Her discharge was now under consideration. Her sister visited her and tried to persuade her to return to her old house and help her mother with the housework. Our patient resented this suggestion and a violent quarrel ensued. She then had a sudden relapse; she shouted and cried and became very excited and depressed; she showed great anxiety about the health of her mother, who she had been told was dangerously ill from worrying over her (the patient's) illness.

Her condition was little changed when I saw her on the following day. She wept continuously as she told me about her unhappy married life, how she hated her child and dreaded the prospect of returning to her home. She called me by the name of her former lover and said I was the only man she had ever loved and implored me not to leave her. She expressed hatred of her mother and sisters and said their suggestion was very humiliating. She had hallucinations referring to her brother and this lover. She accused herself of having taken too little care of the brother and so of being partly guilty of his death (which had in fact been due to an accident at his work).

This psychosis was obviously based on conflicts of psychological origin which could not be controlled when the patient's physical health was impaired. 'Cerebral toxins had so weakened the ego that it could not any longer cope with its difficulties; only so long as it was unaffected by external factors such as toxins could it maintain the balance between the conscious and the unconscious forces.'[2] The importance of the part played by the mother is made clear by the acute onset of the relapse on the day following the patient's refusal to

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[2] Ernest Jones, 'Psycho-Analysis and Psychiatry' (1929), *Papers on Psycho-Analysis*, Fourth Edition.

help her—the feelings of hatred combining with those of guilt at having, by reason of her illness, nearly killed her.

The next patient was a woman of thirty-nine (Case 5). She was stuporous on admission and there was the following history.

Before a pregnancy which had terminated in the birth of a stillborn baby six months earlier she had been in good health, cheerful and sociable; during the pregnancy she became depressed, wept constantly and was incontinent during the night. After the confinement she had gone about carrying a roll of cloth as though it was a child. A few days before admission she attempted to hang herself and to set fire to her house. She wandered from her home and was then brought into hospital. She lay in bed for months, refusing to take food, to speak or to move; she covered herself with the bedclothes so that it was impossible to make any contact with her. After four months, insulin treatment was started; there were ten comas without producing any change and the treatment had then to be terminated on account of a rise in temperature. A course of T.A.B. injections was similarly ineffective, and finally triazol was begun. The first injection produced a severe anxiety state; she looked around as though trying to ask 'what was happening'. She seemed to have been shaken out of her lethargy. She had a desperate look and clutched at the bedclothes and the nurses. Then came the fit. Even after her first fit it was plain that she had been changed; she began to eat a little, to speak in a whisper and to take some interest in her surroundings. After the fourth injection she was so far improved that it seemed justifiable to stop the treatment.

She gave the following account of her impressions during the treatment: 'I have never in all my life felt such a terrible feeling as after the injection. It was just as if the whole world was going to disappear; everything lost its form and colour, got dark and vanished. I had a fearful feeling that I was lost and was going to die. Now I feel I am a new person, entirely changed, as though I had been born again. The world seems gay and full of pleasure and I look forward to going back to my work. My feelings after the "sleep" are very silly, things seem strange and larger than before and I feel tiny and helpless; I can hear people speaking but I cannot understand what they say nor can I find or form my own words. Later on it becomes a pleasant sensation, the difficulties disappear and after a sleep I wake up again feeling perfectly happy.'

She had been completely changed by the treatment. She was now

sociable and cheerful and often said that she could not understand why she had been so queer before ; the only explanation she could give was that the father of her child, after promising to marry her, had left her.

The next patient was a woman of twenty-seven (Case 6). She was a hard-working woman and had lived happily with her husband for years. Some months before admission she had attended her neighbour's confinement and this experience had altered her former strong wish to have a child of her own into a dread of becoming pregnant. Not long afterwards she missed a period. She rapidly became anxious and depressed, neglected her housework and sat gazing out of window. She complained that her house and her clothes and she herself were filthy ; she spent hours washing herself.

She was admitted to hospital in this condition. After her first injection of triazol she was very frightened ; she fought with the nurses and shouted ' I do not want to die '. After four fits her behaviour after the injection was completely changed ; she lay quietly in bed and tried to show with a smile that she was not frightened. Her behaviour after all the fits was typical of these patients—that is to say, she was contented, happy and at times hypomanic. Altogether she had eight fits, and improvement was very marked after the first four ; menstruation recommenced, there was no pregnancy, and she left hospital without any signs of depression or obsessional thoughts.

Case 7 was a girl of twenty-eight. She had been in hospital the previous year and was discharged after a course of insulin. Her illness dated with the onset of menstruation, which was not until she was twenty-one. Up to that time she had been a cheerful active girl. After this she became subject to fits of depression during which she left her work and stayed in bed, calling continually for her mother. At other times she became excitable, threatening and abusive. Once she disappeared from home and found employment as a barmaid ; while she was away her mother was taken to hospital for an operation. The girl had done well at this work, but had to come home after two months to nurse her mother. After coming home she gradually relapsed into her depressed condition. The mother recovered quickly and before long their positions were reversed, the daughter again becoming dependent on the mother.

She received eight triazol injections and had seven fits. After her first injection she became very excited, cried and shouted for her

mother, and then suddenly became deathly still and pale for a few moments before the fit started. She described her feelings after the injection in the following words: 'I felt hot flushes all over me, I thought I was sinking and would lose contact with everything. Things lost their shape, I could see nothing clearly; then they all disappeared and the last thing I remember was feeling myself alone and miserable in a dark place where it seemed I must die. I called for mother because I wanted to have her near me. When I first came round everything seemed to be a strange dull grey. Gradually I became aware of the walls and ceiling and at length objects took on their normal colours and at last I was able to recognize people. During these first moments I felt very strange—just as if I had come back from far away. After a sleep I wake up completely changed, I always feel happy and talkative and full of activity and feel a longing to do something. I cannot understand how an injection can produce such a wonderful effect; before it life seemed sad and dreary, after it it seems wonderful and worth anything one has to suffer.'

Case 8 was a woman aged thirty. Until seven years ago she had apparently led a normal life; there had then been a rather sudden onset of aggressiveness and violence. She became incoherent in her speech and was diagnosed and sent to a Mental Deficiency Colony. Her behaviour there was satisfactory for seven years. She then suddenly refused to eat or speak, cried continuously for her mother and became katatonic. Shortly after admission here she received an injection of sodium amytal and under its influence talked a lot saying repeatedly: 'I am very unhappy, I do not want to live and I do not want to go back to the colony.' She received triazol treatment.

Her anxiety state after the first injections was terrible. She screamed and yelled for her mother and shouted: 'Lord!—Where is the Lord?—Lord forgive me!—I will never do that again!—Do not punish me, Lord!—Come on, Lord!—I will have you, Lord!—Come near to me, Lord!—Come and make love to me!' After her first fit she was again restless and for a long time disorientated. She touched everything and looked at it from all sides, moaning just like a child. After the fourth fit an improvement was noticeable; she was less anxious and occasionally smiled; she was also quieter before the fits, though she still shouted: 'Lord, I am going to die!—I must die!—I am dying, Lord!—Help, Lord!—I am dead!'

All she could say herself of her own feelings after the injection was: 'I always have a dreadful feeling of dying; I am so afraid I shall not

be able to see my mother again ; the only thing I can remember is shouting for her. After coming round I feel all peculiar until I go to sleep ; then when I wake up again I am quite different and very happy.'

This patient had twelve fits ; she was changed from a neglected, unsociable, depressed and stuporous woman into a happy useful person.

Case 9 was a girl aged twenty. She was an old-established typical case of katatonic schizophrenia. She underwent nineteen triazol fits. After the eighth injection it became possible to make some contact with her. She showed a little insight into her condition ; gradually she became more cheerful, talked and did a little work ; she admitted hearing voices but was not worried by them. The most marked feature was her hypomanic state ; she was anxious to go back to her work and convinced that she could do it. Some weeks after the end of her treatment a change in her personality was noticeable again ; though she continued working and reading and looking after herself, her manner was shy and distant. By the end of two months she had relapsed into her former condition.

Her behaviour after the fits seemed to be the most typical example of what may be expected. She would open her eyes, gaze around, look closely at her hands and fingers, put a finger in her mouth, suck it as if she liked the taste and then study them as if they were something she had never seen before. She felt the different parts of her body and, sitting up, looked at herself as if she were something strange. She made sucking movements with her mouth and then began to suck the bedclothes. Her speech and hearing were disturbed ; she could only mutter incoherently and could not understand what was said to her, though she appreciated the sound and the direction from which it came. After a time her speech would become clearer and she responded to simple questions and orders, such as ' Give me your hand ', but it was not until much later that she could recall her own name. She was not able to give me any description of her own sensations during treatment.

In this whole group of cases there were three who showed no improvement, indeed, one of these seemed to have been made worse by the treatment. This latter was a woman of thirty-nine (Case 10), a schizophrenic who was admitted to hospital for the third time in a depressed condition with paranoic ideas of persecution and auditory hallucinations. During treatment it seemed that her fear was increased

and she accused the doctors and nurses of trying to kill her. She described her feelings after the injection in the following way: 'I did not feel I was in the room at all, it seemed as if I were suspended in a dark room into which yellow rays were being flashed; I had queer sensations all over my body, I was very frightened and felt I had to die and was sure I would be killed by the injection.'

Case 11 was a woman of forty-one. She had had many previous admissions, and came in again in a very neglected state with the diagnosis of dementia præcox. Eight injections of triazol produced no effect. The fits were often long delayed but there was no obvious sign of fear while she lay quietly in bed, and even when the convulsed twitching started she remained smiling and would simply say: 'I am quite all right, Sir, I feel very well.' After coming round her behaviour was the same as before, she seemed to be completely untouched and dull.

Case 12, aged thirty-eight, was rather less depressed after treatment than she had been before, but her hallucinations were unaffected after twenty triazol fits. She was married to a man who refused to support her and the children. Nobody visited or wrote to her while she was in hospital and it seemed that she had, in fact, a very unhappy life. She described her sensations: 'I have queer trembling feelings all over; there is a peculiar feeling of fear as if I were just going to die, then I seem to go off to sleep and when I wake up I am all alone. My body seems strange to me; all the colours are different and I cannot recognize the room.' Her behaviour after the fit was very similar to that of Case 9. She would put her hand on her genitalia, making masturbatory movements. When asked her name she repeated the question again and again and then gave her Christian name—later adding her maiden name.

Discussion

I shall now attempt to summarize and systematize the different stages through which the patient passes during this treatment. There are two groups of sensations: those occurring between the injections and the shock which represent a 'regression' and those occurring after the shock which represent 'restitution'.

The following stages in the process of regression can be observed in this series of patients: (1) Giddiness and ill-defined feelings of apprehension [3] (Cases 1, 4, 5, 6, 10, 12); (2) Sensations of hot flushes

[3] Cf. D. N. Parfitt, in *Proceed. of the Royal Soc. of Medicine*, Vol. 31, December, 1937.

(Case 7); (3) Excitability (Cases 2, 6, 7, 8); (4) Disturbances of appreciation of shape, distance and size [4] (Cases 1, 5, 7, 10); (5) Abnormal sensations of colour [5] (Cases 5, 10); (6) Feeling of unreality (Cases 1, 3, 4, 7); (7) Distortion of auditory impressions [6] (Hypacusis) (Case 1); (8) Acute physical distress (Cases 1, 5); (9) Feelings of guilt and fear of punishment [7] (Cases 1, 2, 8); (10) Sexual excitement [8] (Cases 8, 12); (11) Feeling of confusion [9] (Cases 1, 5, 7, 10); (12) Feelings of loneliness (Case 7); (13) Feelings of destruction of the world [10] (Cases 5, 7); (14) Fear of death [11] (nearly all cases).

Similarly, in almost every case the patient passes through another series of changes during the process of restitution: (1) Feelings of fear (Case 1); (2) Feelings of confusion [12] (Cases 1, 7, 8); (3) Feelings of unreality (Cases 1, 5, 7, 8); (4) Disturbances of appreciation of shape, distance and size (Megalopsia) [13] (Cases 1, 5); (5) Disturbance of appreciation of colour [14] (Cases 1, 7, 10, 12); Sensation of fog [15] (Case 1); (6) Aphasia, motor and sensory [16] (Cases 1, 4, 5, 9, 12); (7) Feelings of loneliness [17] (Cases 1, 12); (8) Feelings of being a helpless child (Cases 1, 5, 8); (9) Feelings of euphoria [18] (nearly all cases).

I feel that in this paper I am only able to indicate the nature of the problems which my observations raise; much further work will be

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[4] Cf. L. Benedek, 'Insulin Schockwirkung auf die Wahrnehmung', Monogr. Karger, 1935.

[5] Cf. M. Grotjahn in *Bulletin of the Menninger Clinic*, Vol. II, p. 144.

[6] Cf. Benedek, *op. cit.*

[7] Cf. A. E. Bennett, in *Bulletin of the Menninger Clinic*, Vol. II, p. 99.

[8] Cf. Grotjahn, *op. cit.*

[9] Cf. P. Schilder, *Psychology of Schizophrenia.*

[10] Cf. Grotjahn, *op. cit.*

[11] Cf. S. E. Jelliffe, in *Journ. of Nerv. and Ment. Dis.*, Vol. 85, p. 575; Grotjahn, *op. cit.*; Schilder, *op. cit.*

[12] Cf. Schilder, *op. cit.*

[13] Cf. Benedek, *op. cit.*

[14] Cf. Grotjahn, *op. cit.*

[15] Cf. Benedek, *op. cit.*; R. Bak, 'Regression of Ego-Orientation and Libido in Schizophrenia', this JOURNAL, Vol. XX, 1939, p. 67, where one of his patients on awakening from an insulin coma speaks of a sensation of fog as identifying him with the universe.

[16] Cf. Schilder, *op. cit.*; Benedek, *op. cit.*

[17] Cf. Grotjahn, *op. cit.*

[18] Cf. Grotjahn, *op. cit.*

necessary before the connection between all the different facts can be elucidated, classified, evaluated and arranged in proper order.

A psychotic is a person who has abandoned reality because it was too difficult and too dangerous, and whose hypercathected narcissistic libido has attracted to itself nearly the whole of the libidinal forces; by means of this regression a phantasy world is created, in which childhood and all unsatisfied wishes become alive. 'May it not be . . . that the turning away from reality is exploited by the upward drive of the repressed in order to force its subject-matter into consciousness?'[19] In this phantasy world thoughts are experienced regressively as in dreams—as pictures and voices. 'It may be . . . that in [hallucinations] something that has been experienced in infancy and then forgotten re-emerges—something that the child has seen or heard at a time when it could still hardly speak and that now forces its way into consciousness, probably distorted and displaced owing to the operation of forces that are opposed to this re-emergence.'[20]

The outer world, from which the libido has been withdrawn, in contrast to the excessively cathected inner world, is experienced as something strange, hostile and reproachful, with which the patient is hardly able to establish any relationship.

In a psychosis not only the id but also the primitive super-ego which denies the ego contact with the outer world, gains a victory over it (the ego). Not only is the ego damaged but the super-ego also shows signs of impairment. The ego now builds up a world of phantasy and hallucinations; and suppressed wishes, probably from a very early date, are allowed to enter consciousness. Just as the picture of the real world is distorted by the psychotic mind, so the ideal world or super-ego must be fundamentally modified. This new world is modelled on the same pattern as the usual one; hallucinations and phantasies are the mechanism by which it strives to maintain contact with reality. Thus, even a psychosis may be regarded as an attempt, albeit an unsuccessful one, at retardation of function.

Thus the psychotic ego can be explained as the result of a fundamental disturbance in libidinal cathexis. It is the outcome of a conflict with the forces of the id and super-ego, which compels the ego to retreat from its position in relation to reality and to seek refuge in a phantasy world, in which the suppressed id-forces have freer entrance

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[19] Freud, 'Constructions in Analysis', this JOURNAL, Vol. XIX, 1938.

[20] Freud, *ibid.*

and where the over-vindictive super-ego continues to exert its strict influence.

It would seem that the physical changes undergone by the patient during shock therapy are experienced by him in the following way. Following the injection, a series of changes in organic functions occur, with which are associated abnormal bodily, visual and auditory sensations, and the patient is forced to take notice of the outer world as something distorted, changed and unfamiliar to him. He is filled with dread that it is now going to overwhelm him and in this desperate moment his small remaining libidinal cathexis of the outer world is wrenched slowly away with the approach of unconsciousness. This complete severance from reality, so ruthlessly brought about, fills him with an agony of fear as though he knew the question was one of life or death. It is as though it were the Day of Judgement and final punishment awaited him ; he is hanging over an abyss of death, and at last, at the end of this regression, the coma occurs, in which he is subjected to the most drastic loss of his ego that can be experienced during life. On the threshold of the coma he passes through the experience of death. During these few moments he is, as it were, drawn from his narcissistic shelter by the cataclysm and forced to recognize reality ; and so a partially normal ego is established, which reacts to the situation with all the anxiety which might be expected in a healthy person. He shouts for help, he prays for forgiveness and clings to the nurses in an attempt to save himself.

The cries one hears during the treatment—' God, don't punish me ! I will never do it again ! Where is God that he may forgive me ? God, let me die ! God, I am going to die ! '—show plainly a terrible fear. This fear, and especially the fear of death, causes, for the first time since the beginning of the illness, a recognition and turning towards parents, God or the highest super-ego, and represents the beginning of a break-up of the rigid narcissistic cathexis. The patients try in imagination to reach back to the real world ; in reality they cling to those around them or to the bedclothes, as if to protect themselves. Their eyes assume a vacant expression, as if they were looking into another world, and suddenly after a few convulsive twitches the fit overwhelms them.

There are two *psychological* explanations of the convulsive movements seen in the fit. One is that they represent the efforts of the patients in a titanic struggle against some danger and the other is that they are an expression of the sudden release of forces up till now fixed

and chained. Possibly the dramatic picture of an epileptic fit is a combination of the two. However, in actuality, so long as life is not extinct, psychical experience at some level must continue and it seems likely that the patient experiences as a dull foreboding these shattering events during the depth of the coma.

After awakening from the shock the patient comes round very like a new born child ; he feels as though he were born again to a life for which he has just successfully fought against the destructive forces of death. He comes round with a new uncathected ego and during the short time that follows he lives through in a condensed form the development of a normal libidinal cathexis.

There are three factors contributory to the feeling of happiness experienced by the patients on coming round from their shocks. The most important of these is the satisfaction which they feel in proportion to the extent to which they have achieved a re-cathexis of their libido ; of less importance is the sense of relief that they have been freed from their feelings of guilt and escaped an experience of castration such as the shock presents to them ; and finally there may be a reactive pleasure of physical well-being at the re-establishment of cortical functions.

The ego is freed from the fetters which had come to bind it down ; it is as free as it was when it started life and it forms a new libidinal cathexis which produces a normal ego-structure with a normal cathexis of the id and super-ego. The pathological contents will be replaced by normal ones ; instead of rebellion there will be co-operation, and the patient will be able to look at new fields instead of at distorted pictures.

After these violent attacks the super-ego is freed from its duty of punishing the ego ; it can adopt a more tolerant attitude, and so the ego feels encouraged to pursue a positive course. The ego has now an additional force with which to resist the attacks made upon it by the id-forces.

The patient comes back from his fits breathless and cyanosed ; gradually he recovers his senses and powers, and in a short time regains his normal position, reproducing the process of development through which he passed during the early years of his life. He also shows a similarity to a young child in his experience of vision : to begin with there is marked photophobia, then his eyes wander round vacantly, after a time one notices that he is trying to focus on different objects, one can see him trying to decide what they are, but at first he is powerless to associate them properly.

Again, there is at first no perception of noise ; after a time sounds are heard but cannot be localized, nor until much later understood.

Even his own body is a new experience to the patient at this stage. He looks with interest at his strange hands, he fingers them, rubs them and licks and sucks them. He does the same thing with other objects, and when he has made a satisfactory contact with any object he repeats the process over and over again.

The power of speech is recovered from its regression in similar stages. At first the patient makes sounds, then syllables and then words, which at first he uses without regard to grammar or syntax and with a strong tendency to perseveration. He cannot understand the meaning of simple questions until they have been repeated many times ; he then repeats them himself, as if trying to get hold of their meaning, and even so his first answers are usually wrong. The women had especial difficulty in recalling their married names ; when asked they would at first give either their Christian or maiden names and only after some time could they give the proper answer. The patient's ability to carry out simple orders (such as : ' Look at my fingers ! ' or ' Shake my hand ! ' or ' Open your mouth ! ') develops slowly.

The abnormal colour sensations seem to be related to definite affective states. And in this connection it is interesting to recall Lenz's observations [21] that lesions of the cortex in the region of the calcarine fissure may, when they heal, be associated with abnormal colour tones.

It is not possible to give any definite time-relationship between these different reactions ; they varied, not only in different cases, but in the same case on different occasions.

The patients' whole attitude suggests a longing for affection, a sense of loneliness—as one of them described it : ' I feel smaller than a child.' In only one case was any sign of masturbation noticed.

The disturbances in appreciation of colour, shape, size and distance, which were described by the patients in both treatments as being disagreeable and strange, are especially interesting, and I should like to refer to Schilder's views.[22] He says that positive erotic relationship is impossible without proximity, approximation and finally contact, while remoteness in space is incompatible with any close libidinal attachment.

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[21] Quoted by Benedek, *op. cit.*

[22] Schilder, *op. cit.*

The patients describe their feelings during the regressive period, terminating in the loss of their ego, as a fear, an actual experience, of death, and the restitution as a return to life re-created. Jeliffe goes only one step further when he says: 'The coma brings the individual practically into an intrauterine bath of primary narcissistic omnipotence.'[23] After even a few shocks a change in the patients' personality can be noticed: they may become friendly and sociable, less inhibited; they may enjoy talking, or working, or playing games; sometimes they are even slightly hypomanic. Hallucinations often disappear. Their barriers have been broken down, they can face reality again and look back at their previous phantasy world from a more sane angle; they show definite insight into their past condition and will often say: 'How silly I used to be!'

One of the most important happenings is the establishment of a new and often satisfactory transference, which is brought about by the triazol shocks in the same way as has been described in hypoglycæmic shocks by Bychowski, and by Orenstein and Schilder.[24] One has the impression that the primitive destructive impulses which rendered the sick ego incapable of dealing with reality are also somehow changed by the shock treatment. Perhaps this process can be thought of in terms of the description of a fit which I have already given as a wild assault by the aggressive and sadistic impulses, which, after an orgy of fury, achieve the satisfaction which has previously been denied to them and so lose a part of their force.

In this connection it is interesting to note that in some cases the results of insulin treatment are accelerated and improved if hypoglycæmic fits occur[25] or if it is supplemented with triazol fits.[26] In these cases insulin coma alone was not able to produce the final reduction of cathexis essential before a reconstruction of the ego could

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[23] Jelliffe, *op. cit.*

[24] G. Bychowski, 'Psychoanalyse im hypoglykämischen Zustand', *Internationale Zeitschrift für Psychoanalyse*, Bd. XXIII, 1937; L. L. Orenstein and P. Schilder, in *Journal of Nerv. and Ment. Dis.*, Vol. 88, October–December, 1938.

[25] Cf. S. W. Gillman and D. N. Parfitt, in *Lancet*, September, 1938, p. 633; also Sakel.

[26] Cf. K. M. Bowman, J. Wortis, H. Fingert and J. Kagan, in *Amer. Journal of Psychiatry*, Vol. 95, p. 787; F. Georgi, in *Schweizer Arch. fur Neur. und Psych.*, 39/49; L. A. Finiefs, in *Lancet*, 1938, p. 776.

be started. These psychotic egos needed a stronger force, which such a fit provided, for their disruption.

The partial satisfaction of these destructive id-forces makes easier the reconstruction of a normal ego. Each successive treatment continues the disruptive process until eventually it is no longer possible for the old psychotic ego to be reconstituted, although the wish to do so persists at first, and at the same time the new-born ego forms a progressively stronger and further-reaching cathexis with each new experience. The reconstruction of the ego step by step is shown in our case histories, as the patient's behaviour and his relation to reality, to his environment, become more normal with each shock. After a time an interesting change is to be noticed. When the new ego has been developed and cathected along right lines in relation to reality, the shocks lose their psychical significance : there are scarcely any of the old feelings of death and rebirth or of fear of punishment. The description given by Case 1 may be quoted : ' I was strong enough to face any danger now. I was not so conscious that I had won a victory, and I am sure that that is a sign of improvement.' Similarly the triazol patient after a few fits faced the subsequent treatments more calmly.

The problem arises whether it was the fear of death or merely the feeling that they were being severely punished which was responsible for the improvement. Bennett (*op. cit.*) thought that it was the satisfaction of the patient's demand for punishment by the shock treatment which led to the feeling of deliverance. To test this assumption a few patients were given doses of triazol only sufficient to produce a feeling of fear and restlessness without any fit. Under this treatment the patient showed no improvement and in fact some slight deterioration. It seems to be established, therefore, that the essential part of the treatment is the (biological) threat to existence associated with the progressive retreat of the libido, culminating in the coma or fit.

It may be asked whether a personality that has passed through so many contradictory experiences of death and rebirth can remain stable. Experience up till now seems to show that the early and less severe cases do preserve their improvement, but that those of long standing or in which the personality has already deteriorated are inclined to relapse. It would seem that the psychopathology of the acute and chronic schizophrenic differs in that in the former there is a disturbed relationship of the psychical material while in the latter there is not only a wrong relationship but the psychical material itself

is in some way changed. Consequently, whilst in acute cases a rearrangement may produce a permanently satisfactory stable ego, in the chronic cases it cannot be expected that a rearrangement alone can produce the same result—a satisfactory balance. There are also some cases in which one cannot reconstruct the ego even for a short time. Another group of cases which show no improvement under treatment are those like Case 11, where the shock is incapable of breaking up the psychotic ego. These patients feel none of the apprehension or fear of death which has been described. This case, for example, after the injection merely lay in bed smiling as though nothing was happening to her, until the very onset of her convulsions.

It follows from this explanation of the psychical mechanism of shock treatment that patients undergoing it need special attention and probably some form of psychotherapy. The new ego we are trying to build up has to pass through all the stages of a normal childhood, and, just like a child's ego, it is at first hesitant, insecure in its object cathexis, very sensitive and especially in need of affection and encouragement. At first the patient's surroundings should be made as easy and agreeable as possible; his growing capacity for transference should be extended,[27] his euphoria may be encouraged. While there does not seem to be much opportunity for effective psychotherapy during the stages preceding the shock, it does seem to be of some good effect after it and to be of the greatest importance in the period between successive shocks. Such treatment must go much further than Larkin's proposal,[28] and more work will be necessary to discover the most effective form which such treatment should take. There can however be no doubt that anything which is likely to disturb the reconstruction of the ego will have an unfavourable influence on the course of treatment. Can it be an accident that Case 1, following two occasions on which she had been roughly spoken to, could only be brought out of her coma with difficulty? It seems more likely that it was because of her unwillingness to face a world of difficulty and disappointment.

While actual birth is experienced as a trauma, these experiences of rebirth have the effect of annulling a trauma. Any experience which interrupts continuity constitutes a trauma. Birth is the first big

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[27] Cf. Schilder and Bychowski, *op. cit.*

[28] E. Larkin, in *Journal of Mental Science*, Vol. 87, 1938.

trauma ; death is the next which breaks the law of the conservation of energy. Rebirth sets in motion once again the cycle of events which we call life and so triumphs over death.

In conclusion I should like to try to show the relationship between the bodily changes and the psyche during the shocks. During their coma the patients are restless ; they twitch, groan and roll about. They have tonic or clonic spasms, they perspire and salivate freely. There are signs of vasomotor disturbances and there are changes in the composition of the blood. All these signs point to a disturbance of the hypothalamic region. As the coma deepens, all connection with the cortex is gradually suspended, until a picture is finally produced which resembles a decerebrate rigidity (Sherrington).

The convulsions, rolling-movements and other motor phenomena are the result of the withdrawal of control over the subcortical and mid-brain centres.[29] In this connection I will quote Küppers' description : ' Damage to the thalamo-cerebral connections leads to a decrease in schizophrenic automatism whereby the personality is able to regain normal control over the thalamo-cortical apparatus.' Thus the psychical events have been shown to correspond to the organic changes.

A grown psychotic personality has been forced back by the shocks to its primitive level and gradually rebuilt. Just as the cortical control of a new-born child is incomplete and only gradually achieves its effect, so the new-born ego appears in its first rudiments, and slowly develops over months and years its complete contact with the outer world. In the same way as the functional blocking of the cortex produced by the coma disappears in successive steps from the more primitive to the most recently developed centres, so does the reconstruction of the ego after the shocks progress through the stages of childhood to maturity.

As was stated at the beginning of this paper, the hypoglycæmic coma, from start to finish and including the epileptic fit with which it is often associated, is experienced in the same way as a triazol shock, except for the difference in the intensity of the exciting forces : *the essential features in both being the intense fear and experience of death, with the subsequent experience of rebirth and the associated euphoria.*

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[29] E. Küppers, in *Deutsche Med. Wochenschrift*, 1937, I, 377 ; Pfister C. Palisa, in *Arch. für Psych.*, Vol. 108, p. 633.

PSYCHO-PHYSICAL PROBLEMS REVEALED IN LANGUAGE: AN EXAMINATION OF METAPHOR

BY

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I propose to deal in this paper with one aspect of psycho-analytical treatment, namely, the value of understanding the metaphorical language used by articulate patients. Words both reveal and conceal thought and emotion. In psycho-analytical treatment our task is often that of getting through barrages of words to the sense experience and the associated thoughts. But words too can reveal the union of these and we are greatly helped if we believe this and can recognize the revealing phrase. Metaphor fuses sense experience and thought in language. The artist fuses them in a material medium or in sounds with or without words. The principle is metaphor.

Metaphor has been a subject of debate and investigation from Aristotle to our own time. One of the latest exponents expresses himself thus: 'The investigation of metaphor is curiously like the investigation of any of the primary data of consciousness; it cannot be pursued very far without our being led to the borderline of sanity. Metaphor is as ultimate as speech itself, and speech as ultimate as thought.'[1]

One explanation of metaphor has been that it reveals the divine in man and that his spiritual qualities and aspirations find expression in language that has a concrete significance. For example, 'My spirit flew in feathers then' is according to this view witness to the soaring aspiration of the soul which is forced in language to the mundane illustration of a feathered bird in order to illustrate a quality of the spirit.

Psycho-analytical research however endorses the views of those who from the definition of metaphor as 'a transference of a word to a sense different from its signification'[2] maintain that the displacement is from physical to psychical and not *vice versâ*. 'No word', says Grindon, 'is metaphysical without its having first been physical.'[3] Locke said: 'We have no ideas at all, but what originally came either

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[1] John Middleton Murry, *Countries of the Mind.*

[2] Aristotle, *Poetics.*

[3] L. H. Grindon, *Figurative Language: its Origin and Constitution.*

from sensible objects without, or what we feel within ourselves.'

The intellectual life of man is only possible through the development of metaphor. No student of language I have read gives any theory as to how the process of metaphor, which is the accompaniment of civilization, evolves. Neither have I found the fact explicitly pointed out that though we inherit the vast language deposits of our predecessors yet every child in so far as it comes to use and evolve metaphor repeats in itself those same processes that led to civilization. Implied or crystallized metaphors that we use like the coin of the realm reveal past ages of history. Individual metaphors used in analysis reveal also the experiences of forgotten years. Just as in the study of language we find no word is metaphysical without its first having been physical, so our search when we listen to patients must be for the physical basis and experience from which metaphorical speech springs.

My purpose in this communication is simple and elementary, namely, to give the general condition upon which the evolution of metaphor depends, and then to illustrate by clinical material. I have made broad classifications of this material, giving references to actual analyses to illustrate the fact that a live metaphor reveals a past forgotten experience and that this was originally a psycho-physical one. Space does not permit of detailed classification.

My theory is that metaphor can only evolve in language or in the arts when the bodily orifices become controlled. Then only can the angers, pleasures, desires of the infantile life find metaphorical expression and the immaterial express itself in terms of the material. A subterranean passage between mind and body underlies all analogy. The simplest example I can give to show this, which I believe to be the pattern on which all metaphor evolves is the following.

I was told by a young husband that his wife had been confiding to him how angry she felt about their young son's frequent ' accidents '. He had replied to her : ' Of course you feel angry, that's natural, but don't let John see your anger. Think to yourself you must keep your anger in and hold it in till you get to another room and then you can let it out.' This is metaphor. The father is speaking in words that refer to a sense-perceptible object but they are used to denote a different order or category, namely—emotion. In time the young son will go through this same process of thinking with regard to his actual urine and fæces : ' I must hold it, and hold it in until I get to another room '. When the ego stabilizes this achievement of body control and

it becomes automatic, the emotions of anger and pleasure which heretofore accompanied bodily discharges must be dealt with in other ways.

At the same time as sphincter control over anus and urethra is being established, the child is acquiring the power of speech, and so an avenue of 'outer-ance' present from birth becomes of immense importance. First of all the discharge of feeling tension, when this is no longer relieved by physical discharge, can take place through speech. The activity of speaking is substituted for the physical activity now restricted at other openings of the body, while words themselves become the very substitutes for the bodily substances. Speech secondly becomes a way of expressing, discharging ideas. So that we may say speech in itself is a metaphor, that metaphor is as ultimate as speech.

The words that exist in our language to-day are themselves derived from two sources, namely, onomatopœia and roots, which represent respectively the affective and ideational aspects of language. Under the term onomatopœia are grouped all words based upon imitation of natural sounds, such as hiss, scream, chuckle, blast, suck, cuckoo. These words imply sense-perception, not thought. The second classification is 'roots'. These are about five hundred in number and from them all the derivations are made which comprise the tens of thousands of words in a civilized tongue. 'Roots' are the organized crystallized sounds that emerged in primitive civilization and include in them all the essential names needed for expressing relationships between man and man, man and his environment, his self-preservative and procreative powers. Ideational language evolves from 'roots'.

The words used by a patient will at different times express (1) feeling without thought (i.e. onomatopœia), (2) thought without feeling (i.e. ideational), (3) metaphor, which like a symptom, is a compromise between ego, super-ego, and id.

I will speak first of 'affective' language and then of metaphor. The affective type of utterance which corresponds to the onomatopœic source of language is easily distinguishable in simple words and phrases expressing emotion such as, 'damn', 'blast', 'oh God!', 'good heavens!', etc. These are a direct expression of feeling and in an analytical session the analyst's job is to correlate the emotion with the appropriate thought, the appropriate person and the cause of the inner tension. The words and phrases of this type are a psychical discharge which in infancy and early childhood would have been

accompanied by a bodily one. Words have been substituted for the physical product. But isolated words and phrases are not the only form of onomatopœia. A patient occupied half an hour of one session relating to me the actual hardships a dear relative was suffering. She closed the recital by remarking: 'I feel I have been bleating about my own *lamentable* condition, but they are not my woes but hers.' That is, the whole half hour's recital was the bleating of the lamb, the language, whatever its content, was affective, and on the patient's psychical condition thus betrayed must the attention of the analyst be concentrated. The choice of the word 'lamentable' is an illustration of phonetics, the method by which the mother tongue is acquired. Another patient remarked: 'I have talked a long time, I have never hesitated or paused for a word.' Another said triumphantly: 'Make sense out of all that if you can!' Another paused after a few minutes' talk and said: 'This is all vapouring.'

When such comments are made by the patient upon what he himself has said, the functioning in words and its purpose become fairly obvious. The content matters little. The first patient's words are in principle 'affective'. He had been maintaining a long flow of urine. The second had thrown up a smoke screen, the third had been passing flatus. When the patient makes no comment of this revealing nature, the affective nature of language may not be so obvious. Many a skilled exposition on science, art, politics, philosphy occurring during an analytical session serves the same unconscious purpose as the foregoing more obvious defences. Only when the analyst can find that these discourses serve the same purpose as a stream of urine, a smoke screen, flatus, bleating, is he able to get behind words to the unrecognized, unfelt anxiety.

Metaphor. When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the preconscious, language is as pre-determined as a slip of the tongue or trick of behaviour. Metaphor, then, is personal and individual even though the words and phrases used are not of the speaker's coinage. The verbal imagery corresponding to the repressed ideas and emotions sometimes found even in a single word will yield to the investigator a wealth of knowledge.

The clinical material I present to you with the deductions made from it has been gathered from individual analyses. The words and phrases embodying imagery of different types were noted down at the time of usage and correlated with the general problem being dealt

with at the time. Space does not permit of detailed analyses of the illustrations. Every metaphor I recount here has been tested in analytical experience. Not one of them is to be dismissed as a *façon de parler*, which is so often the very objection the patient will make if attention is drawn to the way he has expressed himself.

The first selection consists of phrases which in the analytical setting proved to have within them an ultimate reference to specific suckling experiences.

The patients were talking of *psychical* difficulties. The metaphors revealed an original psycho-physical basis. For example :—

' I've wandered off the point and can't find it again.'
' I've lost sight of what I came for.'
' It's the way I set about things that's wrong.'
' When I wander off the point bring me back to it.'
' Don't pounce if I go off the point.'
' I see your point of view, but I don't take it in.'
' If I could only get started I could go on again.'
' This psycho-analytical technique is too vague, it should be a definite application to a particular point of focus.'

Here are further more detailed revelations :—

' When I do anything I seem to have my eye on something else all the time.'
' I am distracted because the tail of my eye is on something else.'
' I can't finish one thing properly, I'm wanting to go on with the next thing.'
' I can't get the whole day squeezed in, it's too much.'

There is no need to analyse these examples. Their meaning is self-evident if one accepts and believes the pre-determination of language when it expresses emotion.

The inert baby of infancy is revealed when an adult says wearily to the analyst :—

' I'm sleepy, leave me alone, don't worry me ! '
' I'm glad you don't ram psycho-analytical theory down my throat.'
' Why don't you rouse me and make me do something ? '
' Take me by the scruff of the neck and push me to the analysis.'

The analyst has no doubt of the oral experiences when a patient says : ' You know when I have a drinking bout I drink as if I may be a long time reaching an oasis again, as a camel might feel after crossing a thirsty desert.' Or again : ' To me life's a desert without a woman.' ' Last night ', said another patient of this type, ' I went from room to

room, back and fro, trying to get a meal ready and I was tired out at last and yet only managed a meagre meal.'

An indication of different types of psychical reactions to weaning are revealed in the following :—

'Life is a closed book to me, I have asked too much of life.'

'She laces herself up, no loving emotion ever comes from her, but she is ready enough to criticise all the time.'

'She's always giving me the cold shoulder.'

'My interest flashes *up* whenever a point of that kind is raised.'

'When I get what I want it turns to dust and ashes in my mouth.'

The mechanisms of melancholia are implicit in this last metaphor. 'Dust to dust, ashes to ashes'—the object is dead, within the mouth.

One reason why reversion to visual thinking has its advantages is made clear in these words :—

'Oh I'm only thinking of a mountain peak in Skye, just looking at it. I can't describe it, besides it's my private thing and I don't want to share it with you.'

An oral problem reveals itself as the core of an inhibition in adult sublimation in this rumination :—

'Such countless images come to my mind, I'd like to recount my experiences and let others enjoy them too, but one must have a *fixed point or points* on which to build up and evolve the whole and I find it difficult to settle down to one and to start.'

This man is a bachelor. He cannot settle down and marry the woman he loves, nor will he until the oral conflict is solved.

A patient of mine as an infant was on one occasion flung down from the mother's breast on to a bed by the mother herself who was an anxious hysterical woman worried by her own scanty milk supply. At intervals this patient when the appropriate stimulus occurs will make this type of remark :—

'Well, he's got unhorsed and I'm glad.'

'Now she's fallen by the wayside, I'm glad it's not me.'

'I'm glad I've got to know he's the kind of person who picks a person up one day and drops her the next. I know what to expect and I shan't blame myself if it happens to me which I generally do.'

The prevailing metaphor this patient chooses for rifts and changes in personal relationships is always a sudden and violent one : unhorsing, dropping, flinging aside. I have no doubt of the reference in these to the basic reality experience with its many psychical results, although she was not six months old at the time of the occurrence.

From the group of metaphors I have given the following conclusions can be drawn.

(1) Actual experiences at the breast were registered by the infantile ego. These found the appropriate verbal imagery.

(2) Difficulties in physical and mental manipulation in adult life, such as awkwardness, ' doing things the wrong way ' and an inability to keep to the point (physical or mental) have their origins in suckling experiences.

(3) Adult characteristic psychical traits can begin in suckling experience such as an easily distracted mind, an inability to concentrate.

(4) Where suckling experience has been accompanied by traumatic occurrences the patient unconsciously expects a repetition of these.

(5) The actual responses between mother and infant in suckling having been incorporated become part of the psychical make-up of the individual.

The second classification is that of metaphor in which the transferred reference from body to mind is anal and urethral. The first examples are the spontaneous remarks of patients concerning depression :—

' I am sodden with despair.'
' I have struck another patch of depression.'
' I am in a trough of depression, a rut of depression.'
' If I could be pulled out of this depression.'
' What took me out of the depression was——'
' I'm depressed, I suppose I'm making heavy weather of my troubles.'
' I'm depressed, there's a deadly feeling of being in a rut.'

I could multiply examples of this nature. From the analysis at any given time when such phrases were used I have no doubt that the psychical state of depression first accompanied bodily states when the child lay cold, wet and miserable in bed waiting in hopelessness or fearfulness of being lifted up and rescued from the rut. (I would point out here that I am dealing with depressed patients who were articulate in a special way, that is they had found the metaphor which bridged a present day emotional state with a past psycho-physical experience.)

A patient on one occasion said to me : ' I dreamt about a depressed state but feel all right this morning, which is a change for me.' I responded with a metaphor, as I was then testing out my conclusion about the psycho-physical situations giving rise to the later depressed

cycles of feeling. I said: 'Well, that's better than having the whole day *swamped* by affect.' He replied: 'What I dreamt of was a burn in Scotland. I know I was on the wrong side of it, it gradually grew bigger and I was anxious to get on the right side of it, but I couldn't, it got bigger and bigger and I couldn't manage to get on the right side, but all the same this morning I know I deal with difficult situations in my life better, they seem more manageable, I've more sense of proportion.'

Another equally illuminating remark was made by a patient who started a session by referring to many present day actual worries and saying: 'I'm making heavy weather of them all.' I inquired 'What kind of weather comes to your mind?' 'Oh!' he replied, 'heavy snowstorms, like my dream last night. I was in a room, a snowstorm was raging outside. I was crying, something had gone wrong but some woman was comforting me as if I were a child. I remember her saying: "Yes, but you are managing things much better, you are improving".' That is, amelioration of the super-ego was being accomplished in the analysis. As a child he was under the dominance of a strict Scotch nurse who made the normal problems of childhood into abnormal ones.

I will summarize the inferences to be drawn from the foregoing. From an exhaustive examination of metaphor concerning depression I am of the opinion that the original psycho-physical situation that may for some children become of cardinal importance is that of lying helpless, wet and cold in bed. The phantasies Mrs. Klein has made familiar to us are very appropriate to this state. The infant is literally empty and in a cold mess. It cannot help itself and must wait for external help. The word 'depressed' itself means literally 'squeezed out of, pressed out from'.

Here is another group of metaphors that arose out of childhood experiences before automatic sphincter control over anus and urethra was attained:—

'Rain and sun on the landscape, it's not the same place, not beautiful any more, just what I feel when I'm in a panic state of mind, can this be the same place as when I feel quiet?'

'I had such a rude awakening.'

'She passes such sweeping judgements, and I do the same.'

'I'm terrified, I can't control my thoughts.'

'This couch reeks with verbosity.'

'I'm terrified of making a mess of things.'

'I think I've now the capacity not to lose my temper.'

'I feel I've landed myself in a mess.'

'I've a fear of letting myself go altogether.'

'I let them have a few home-truths about their behaviour. I used to have them myself.'

'I'm not so fussed to-day. I've not nagged at myself so mercilessly.'

'I'm sorry I made that fuss yesterday. Can we go on and tidy up yesterday's analysis?'

'I woke up feeling something awful was going to happen. I was confused in my brain. Would something snap? I know what patients mean now when they say they are going "potty".'

The analysis during the hour when these last words were uttered revealed a visit the day before to a nursery where napkins were being washed. The mother was irritable, the father attentive to the baby. It was possible during the session to infer the setting of the patient's own infantile sexual desires towards her father, in a sudden messing which was followed by a mother's scolding. She remarked concerning a tentative present-day love situation: 'Rather than be disappointed I atrophy my desires and always have.' She suffers from constipation.

These images bear witness to the fact of the stressful time during which bodily control was acquired. 'Judgements are sweeping, awakenings rude, the little boy's trousers are let down before other people.' The environment has been incorporated. 'I keep nagging at myself.' Terror of consequences phantastic and real prevail in connection with bodily 'accidents'.

More detailed pictures of the vicissitudes of this time in a child's life are given in the following examples. A patient said: 'I couldn't get to the analysis yesterday, I sat and drank and looked at the clock, I've only just managed to get here to-day.' I asked: 'How do you feel you have *just managed*, what made the difference?' He replied: 'By not thinking I was walking. While I could forget I was walking and just walked I could get here.'

The analysis from this point brought to the patient's mind memories of having wetted himself, of having messed in his trousers, the difficulty of walking in this condition and the fear of the nurse's anger when she discovered what he had done. 'I feel in a state of tension', another patient remarked; 'it reminds me of myself as a child with a bow and arrow, all ready to let the arrow fly and then not daring to do it. One never knew where it might fly, whom it might hit. It's a right image

too for the body as well as the mind—fear of " relieving " yourself when you really need to do so.'

The following example is illuminating because it gives evidence of two phases in a child's life. The patient remarked : ' I felt furious, but not a hot and angry fury, but deadly cold rage. I said hardly anything, but my voice was icy and controlled. To my mind a more dangerous anger than a hot one. Like an iceberg, it gores a ship and the ship is lost, it might have survived in the most angry seas.' This metaphor gives in pictorial form what can happen within the psyche when bodily control has become automatic. Aggression formerly discharged through the lax sphincter becomes the main characteristic of control itself. Unconscious control of the bodily openings and the unconscious super-ego are then inseparable. The super-ego takes on the quality of a physical sphincter, rigid, implacable and merciless in judgement. Adaptations made through the ego, a willingness to co-operate in the gradual development of the power of self-control are inseparable both from a tolerant, unhurried external environment and manageable internal anxiety. In the ' iceberg ' metaphor one realizes that the establishment of urethral control was made from fear. Little psychical adjustment was made, no loving adaptation. ' Control ' is if anything representative of more anger than less.

The next set of examples are miscellaneous in type. Some need only to be repeated to reveal the repressed thought, others are worthy of detailed examination. The simpler ones are :—

' Whenever I get an erection I feel guilty, God only knows why.'

' I can't think, *for the life of me*, what I'm afraid of.'

' I went upstairs twice the girl I was, after she said : " Of course you will marry and have children ".'

' I am afraid to swank at someone else's expense.'

' She has her little sillinesses and I have mine.' (Said by a male patient.)

' My conception about analysis is this.'

' I feel obtuse to-day.' That is, the patient had no point, the allusion being to the holiday which meant there would be no analysis the next day and Sharpe (the point) would not be available.

' I wouldn't touch her with a branched pole.' This remark occurred in one day's analysis. The next day the patient had dreamt of losing his riding ' crop '. ' Crop ' by derivation signifies a branching thing, a swelling, an enlargement. ' Crop ' has a secondary meaning of ' to cut off '. An ultimate bodily reference I have found in such phrases as ' an argument soon cropped up between us ', ' a difference soon cropped up '.

The disappointed child who has become clean in her habits to please her father for unconscious Œdipus wishes speaks in this way: 'I bring my dreams to you intact and nothing is developed from them, nothing comes of them.'

In the next illustration a man speaks whose whole efforts are directed to reparation. He leads an active busy life attending to other people's property, a noted successful estate manager, adapted to certain aspects of external reality, but his own creative possibilities physical and psychical are not used. He said very tensely: 'Analysis is such a strain, life is a strain.' I said: 'What is the kind of image you get when you think of *strain*?' He replied at once: 'Oh, those girls who spend their lives invisibly mending the holes in other people's clothes.'

The following phrase proved to have in it an implicit sight of the parents together in intercourse. 'My wife and I were together last night. To a casual observer *contemplating* the intercourse it would have looked all right I know, but it wasn't really.'

Said another patient: 'I'm so disappointed, I had hoped to shape my ideas on these children's problems and get them out on paper, but I haven't, I've just got a bursting feeling in my body instead.' The hysterical conversion symptom persists, the metaphorical expression has not yet been accepted.

A forgotten experience is implicit in the following metaphor. The patient was speaking of a neurotic young man. She said of him: 'His desperation grows; as it grows, he grows more and more pompous. I have a desire then to prick the balloon, but I don't see him becoming less.'

A patient had great difficulty in deciding whether or no to accept a post involving both added prestige and great responsibility. It was unconsciously a choice of accepting femininity, as the analysis revealed during the time of her indecision. The phantasies underlying her indecision were revealed in her repeated metaphor: 'Am I *cut out* for this job? I don't think I'm *cut out* for it.'

I finish with an example of a single word which revealed the core of a profound psychological illness. I noticed a patient used the word 'really' very often. I gave it for a time no significance, thinking, if I thought at all, that it was a habit he had acquired, just as others say 'I mean' 'Do you see?' unnecessarily. Gradually however his 'really' forced itself on my attention and I became curious, the more so as I reflected that this patient had the gift of words. He was a

poet and a translator of foreign works. He was the last person *really* to use meaningless words, since they were the stuff of imagination for him. So I studied the setting of the analysis when he ejaculated the word ' really '.

I found the following. Whenever he was surprised into saying something critical about me, my belongings, or the analysis, he put up his hands in a beseeching way and said in an apologetic deprecating voice: ' *Really*, Miss Sharpe . . . .' I correlated these transference affects with the underlying infantile and childhood emotional situations that were being represented and they included: the appearance of a new baby, the awareness of parental intercourse when he slept in the parents' room, the sight of the female genital, the sight of menstrual blood. That is, the patient used the word ' really ' when he was expressing thoughts (in the transference) that indicated criticism, anger and fear, and since the transference situation gathered within itself the infantile ones already referred to I can now put the word ' really ' where it belongs and indicate its significance.

' Another baby, really ?—Really ! '
' Made by father and mother, really ?—Really ! '
' A person without a penis, really ?—Really ! '
' Is that blood on her nightdress, really ?—Really ! '
' I think she's dirty, is she, really ?—Really ! '
' I feel like killing, really ?—Really ! '

In nine cases out of ten a patient will use ' really ' as a *façon de parler*. Here in the tenth, in the one word ' really ? ' ' Really ! ', the core of the neurosis was implicit, for it meant: ' I see these things, know these things, but they are not real; I feel like this, but I mustn't feel like this, not really.'

Summary

(1) Metaphor evolves alongside the control of the bodily orifices. Emotions which originally accompanied bodily discharge find substitute channels and materials.

(2) Spontaneous metaphor used by a patient proves upon examination to be an epitome of a forgotten experience. It can reveal a present-day psychical condition which is based upon an original psycho-physical experience.

(3) In metaphor that is the expression of vital emotion the repressed psycho-physical experiences have found the verbal images in the pre-conscious that express them. The earliest of all verbal images are

the sounds of words and hence the importance of phonetics and the value of listening to a patient's *phonetic* associations. The person who speaks vitally in metaphor *knows*, but does not know in consciousness what he knows unconsciously.

(4) An examination of metaphors used by patients reveals as one would expect a preponderance of images based upon experiences of the pre-genital stages and the repressed Œdipus wishes.

(5) They reveal also something of the early incorporated environment.

(6) Metaphor gives information concerning instinctual tension. The metaphors of depression denote the zero hour, exhaustion and immobility, giving us the physical setting which first accompanied the psychical feelings; prolonged crying, bed-wetting, loneliness and exhaustion. Other metaphors give pictures of futile activity, achievement of no goal; continual thwarting and obstructing of the self. Others again reveal pent-up energy, a straining at the leash, desire and fear of ' letting go ', as in the bow and arrow image.

(7) Information is to be gained by noting the type of image that comes most frequently from any given patient. I have found that a wealth of auditory imagery is often accompanied by a marked absence of visual, and, when visual imagery prevails, auditory ones are lacking, thus giving one an indication of the connection of conflicts with a particular sense.

ABSTRACTS

General

Heinz Hartmann. 'Ich-Psychologie und Anpassungsproblem.' ('Ego Psychology and the Problem of Adaptation.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 1/2, S. 62–135.

Adaptation to reality—which includes the mastery of it—proceeds to a large extent from the ego and in particular from that part of the ego which is free from conflict; and it is directed by the organized structure of ego-functions (such as intelligence, perception, etc.) which exist in their own right and have an independent effect upon the solution of conflicts. Phantasy and play also facilitate adaptation, and so do the affects and certain other supposedly unrealistic actions like flight or denial of truth. In fact, recognition of reality is not the same as adaptation to it.

There are two sorts of adaptation in man. One is founded upon constitutional factors, the other depends upon a superior function of his ego. This second kind enables him, unlike the animals, to change not only himself but his environment, including the possibilities of adaptation which his environment holds out to him. There can be an opposition between adaptation with reference to the individual and adaptation with reference to the species. Adaptation can occur by way of a regression (as in the use of imagery) as well as progressively.

In order to maintain the equilibrium in relation to the external world which is called adaptation, the individual must achieve an internal equilibrium, or harmonization, in his instinctual life (vital equilibrium) and between his psychical institutions (structural equilibrium). The correlation of external and internal equilibrium for the purposes of adaptation in the widest sense of the word is carried out on a superior level in the hierarchy of ego-functions. The tendency is for the mind, as it develops, to replace immediate reactions to the external world by internal processes such as thought, super-ego relationships, etc.

The pleasure principle alone is not enough to account for the capacity for adaptation; nor is the reality principle merely a modification of the pleasure principle. In its wider sense, as something working for the preservation of the species and not of the individual, the reality principle is not only an independent factor of the ego, but is prior to, and set over, the pleasure principle.

Owing to the wider differentiation between the ego and the id in the human mind as compared with that of animals, there is a greater difference in man between the pleasure principle and the principle of self-preservation (and preservation of the species). Man's id is more remote from reality.

But his earliest forms of adaptation, such as defensive mechanisms and perceptions, are innate. They can belong to his ego no less than to his id. As the ego emerges, they come under its control and are used by it on various levels of organization. The tendency of the ego to become differentiated subserves the ends of harmonization and gives rise to a capacity for reality-testing, distinguishing between perceptions and ideas, etc. These differentiating functions, like the synthesizing ones, are not merely co-ordinated but form a hierarchy.

The inner world which thus develops in man has great adaptive value in relation to the outer world. It is not only a means of dealing with the impact of instinctual demands, just as the protective barrier deals with external stimuli, but it enables the individual to withdraw temporarily from the external world so as to be able to master it better by interpolating rational processes. The intellect not only enables us to know reality but to change it. On the highest levels of the ego, it becomes aware of its own limitations and is able to employ non-rational trends of the mind in its service. This leads to rational conduct.

In the task of adaptation the synthetic factors of the ego receive great support from the establishment of common standards of values in society. Ethics and religion subserve this purpose, and so do science and art, which, leading back through magic, facilitate a regressive adaptation.

The aims of education seem to be not only to adapt the child to its present and future environment, but also to the ideals of its educators, i.e. to its past environment. Education is liable to try to make a false connection between what is true and what is good, as religion does. This mistake, as well as other difficulties in the establishment of a scale of values, is in part due to our denial of the fact that our unconscious scale of values is different from our conscious one.

When any kind of behaviour is habitual, it will be seen that the somatic and mental processes that compose it have become automatic and unconscious. But such behaviour does not merely consist of the sum of those automatisms; they have been organized as mental or physical apparatuses into the structure of the mind under the directive function of the ego. They are consequently modifiable and they belong to the preconscious rather than to the unconscious. In abnormal cases automatisms are the precursors of tics and compulsions and can be sexualized and used as defence-mechanisms, etc.; but their great value, in their normal relation to reality, is that they represent an economy of conscious cathexis. Automatisms, though obviously related to the repetition principle, are not repetition compulsions.

Behaviour consists of will, intention, etc. on the one hand and these ego-apparatuses on the other. These apparatuses are constitutional or acquired. They include such things as the capacity to learn, choice of

defence, inhibition of sex. Though they may interact with instinctual functions in each successive stage, they are not derivatives of them but have an independent origin and evolution.

A. S.

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Hermann Nunberg. 'Ichstärke und Ichschwäche.' ('Ego-Strength and Ego-Weakness.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 1/2, S. 49–61.

The author, admitting to a very tentative approach to this obscure subject, thinks that the strength of the ego does not depend upon a high degree of narcissism, since that may lead to over-sensitivity; nor upon an ability to tolerate unpleasure, since that does not exclude masochism; nor upon an absence of anxiety, since the production of anxiety as a danger-signal is a healthy activity of the ego. He takes as his criterion of ego-strength the efficacity of its synthesizing function, by means of which it harmonizes the different forces which impinge upon it from the id, the super-ego and the external world. In his opinion, when the ego is completely governed by its super-ego or by its internalized objects or by a powerful instinctual urge, it may appear to be very strong, but is in fact weak; for it is then either at the mercy of its sense of guilt, or is laid open to the great quantities of aggressiveness which have been liberated in the process of identification and which cannot all be turned outwards, or is liable to come into conflict with the external world.

The main causes of weakness of the ego are, in Nunberg's view, inhibitions in its development which lead to infantile fixations and rigid reactions, so that on the one hand it is no longer an integral unit and on the other is unable to compromise with, and mediate between, the conflicting demands made upon it. In conclusion, pursuing a more speculative line, he suggests that the strength or weakness of the ego may ultimately depend upon the proportions in which the life instinct and the death instinct are mixed in it.

A. S.

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Alice Bálint. 'Liebe zur Mutter und Mutterliebe.' ('Love for the Mother and Mother-love.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 1/2, S. 33–48.

In this paper the author endeavours to show that—although an infant's love for its mother has a different quality from its love for its father and from the love which an adult has for his partner (except during actual sexual intercourse) in that it has no regard for the interests of its object, is pre-ambivalent and is as yet entirely uninfluenced by considerations of reality—nevertheless this early form of love is a true object

relationship and as primary and self-subsistent as primary narcissism. Moreover, in her view, auto-erotic interests are not so much the precursors of allo-erotic ones as co-existent with them, ready to be brought more strongly into play whenever the child suffers a frustration of its object-love.

This archaic quality of ' naïve egoism ', as the author calls it, which characterizes the child's love for its mother is workable in the early stages of life because the interests of both parties are in fact identical. When, later on, their interests diverge, the child has to begin to adapt itself to reality and to learn to deal with its own conflict of feeling ; and in this way it makes its first step in the development of feelings of ' love ' as we know them.

As regards the mother's love for her child, Mrs. Bálint thinks that though it is similar to the child's love for its mother in that it, too, has the quality of ' naïve egoism ', it differs from it from the fact of not being purely instinctual but influenced by reason (in so far as the mother is a cultural person), and from the fact that whereas the child feels wholly dependent on its mother for its safety and for its gratification, the mother is not dependent on her child to nearly the same degree.

The author supports her thesis with material taken from four case-histories.

A. S.

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Gregory Zilboorg. ' Some Observations on the Transformation of Instincts.' *Psychoanalytic Quarterly*, 1938, Vol. VII, No. 1, pp. 1–24.

The symptom of crying immediately after completion of the sexual act was found in a number of partially frigid female patients. Material from the analyses of a few of these is discussed in the light of the theory of the transformation of instincts. The importance of oral-erotic elements in early libidinal development is stressed. The oral-erotic is considered relatively more important than the anal-erotic, which has been, perhaps, over-emphasized. Two diagrams illustrate the inter-relationships of the various developmental processes in libidinal structure.

Lucile Dooley.

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W. R. D. Fairbairn. ' The Psychological Factor in Sexual Delinquency.' (Report on the Fifth Biennial Mental Health Conference, Part II.) *Mental Hygiene*, 1939, Vol. V, No. 2, pp. 44–50.

The nature and significance of sexual delinquency can never be adequately appreciated without some knowledge both of the motives which prompt anti-social sexual behaviour and of the conditions under which the capacity of controlling impulse becomes compromised. According to

social criteria, sexual offences fall into two apparently unrelated groups: (1) offences involving an otherwise normal act of intercourse under anti-social conditions, and (2) offences involving a sexual act which is inherently 'perverse' in view either of its own nature or that of the sexual object. Nevertheless the social value of this distinction should not blind us to its unscientific character. Whereas it postulates an inherent correspondence between the sexual and the reproductive functions in 'normal' persons, Freud's early studies of hysteria showed that such a correspondence only emerges as the result of a long psychogenic process whereby numerous relatively unrelated sexual activities become modified, fused and integrated in such a way as to promote reproductive aims. When this psychogenic process is arrested, there results not only a persistence of infantile sexual tendencies which compromise the emergence of a mature sexual impulse, but also an infantile choice of sexual objects. The sexual objects of the child are necessarily incestuous; and he shows less discrimination between heterosexual and homosexual objects than is considered normal in the adult. Further, before the child becomes interested in his sexual objects as persons ('whole objects'), his interest is directed towards such of their bodily organs ('part objects') as are significant to him for purposes of gratification. Again, owing to the frustration which his sexual impulses inevitably encounter, his sexual objects also become the objects of his aggression. In the light of these facts sexual delinquency is found to be due to a failure of psycho-sexual development involving the persistence (1) of infantile sexual trends, (2) of an infantile choice of sexual objects, (3) of a sadistic type of sexuality acquired in infancy. Nevertheless the majority of individuals whose psycho-sexual development is arrested save themselves from sexual delinquency either by developing character-traits of a substitutive or compensatory nature, or else by contracting a psycho-neurosis or psychosis. The factors which differentiate the sexual delinquent from such individuals must, accordingly, be sought in the part of the mind concerned with the control of impulse. The controlling elements comprise (1) such mental mechanisms as repression and projection, (2) the conscience, which in its more primitive form ('the super-ego') represents an unconscious embodiment of the individual's interpretation of parental attitudes towards his impulses in childhood, and (3) the ego, which is the structural precipitate of the mutual impacts of inner impulse and outer reality, and which arises as a means of regulating impulse in conformity to environmental requirements generally. In the case of the sexual delinquent there is reason to suspect a defect in the development of the ego, which not only renders the ego incapable of controlling persistent infantile sexual impulses, but may also involve an incorporation of various forms of infantile sexuality in the structure of the ego itself.

Author's Abstract.

Thomas M. French. ' Reality Testing in Dreams.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 1, pp. 62–77.

Dreams may prove prophetic because dreams represent wishes as fulfilled and these wishes often in reality reach fulfilment. In clinical experience analysts find that a dream may offer a conflict solution that is actually achieved by the patient only weeks or months later. This may mean that the ego's function of problem-solving continues during sleep, or it may only signify that the dream makes manifest a solution reached previously in preconscious waking thought. Sleep diminishes the intensity of the conflict to be solved, providing better conditions for the functioning of the ego and permitting the attainment of a solution which the waking ego could not face. Dream material is reported and discussed in support of these observations. A bibliography of fourteen titles is given.

Lucile Dooley.

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Milton H. Erickson. ' The Experimental Demonstration of Unconscious Mentation by Automatic Writing.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 4, pp. 513–529.

Two experiments in automatic writing demonstrate that consciously chosen words, thoughts and acts can mean more than one thing at a time : their conscious or manifest content on the one hand, and a latent unconscious content on the other. The author discusses the psychical dynamisms employed by the experimental subjects in order to accomplish a conscious task which possesses another, unconscious, meaning. Attention is drawn to the need for an experimental approach to the problems of psychical dynamisms ; and parallels are drawn between the experimental behaviour manifested and similar phenomena seen in the psycho-analysis of neuroses.

Lucile Dooley.

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CLINICAL

Edmund Bergler. ' On the Resistance Situation : The Patient is Silent.' *Psychoanalytic Review*, 1938, Vol. XXV, No. 2, pp. 170–186.

' The patient is silent ' is a frequent phase of resistance in analysis. It may express hatred or love, meaning that two people understand each other well or that understanding is impossible. According to Reik, silence on the part of the *analyst* appears to the patient in the first phase of analysis as showing the analyst's will to listen, but later as his will not to speak ; at other times the meaning to the patient is that the analyst has nothing to say.

The author divides the silence of patients into phallic, anal and ora types.

Silence with a phallic mechanism may be due to (I) positive transference: (1) There may be first an unconscious then a conscious fear of sexual attack. (2) There may be a masochistic acting out of (*a*) being overpowered (*b*) feeling of impotence—i.e. stupidity, castration. (3) There may be provocation of phantasy of physical exhibitions. (4) There may be desire not to be disturbed in phantasy. The last is typical of patients sceptical about analysis but sanctioning the transference. Silence with the phallic mechanism may be due to (II) negative transference: (1) Silence may express obstinacy and aggressiveness. (2) It may be an acting out of the silent behaviour of the analyst.

Silence with an anal mechanism may mean: (1) That retaining thoughts equals retaining fæces. (2) The silence may be a defence against thoughts as instruments of death. (3) It may express anal obstinacy and aggression. The wish is to anger the physician. This can only be broken by the physician's silence. (4) Silence may be an expression of ambivalence. The patient cannot decide what to say. (5) Paranoid silence may mean the fear of being overheard or the feeling that the physician knows everything in any case.

Silence with an oral mechanism is based on the wish to receive and the feeling that speaking is a form of giving. There is (1) the pseudo-debility type who pretend stupidity; and, (2) those who show oral obstinacy and oral aggression without pretending stupidity. This type of resistance is often overcome by the analyst's talking a great deal. These patients are convinced only by receiving and feel that words are equivalent to love.

This does not exhaust the possibilities of forms of silence but offers a basis for classification.

The means suggested for overcoming silence as a resistance are first interpretation and encouragement to talk; in some cases, the opposition of silence on the physician's part is indicated; and in others, weeks of talking on the part of the analyst should be the reaction to the patient's silence. In all fearful and masochistic patients it is important that the analyst should talk after interpretation; but with phallic and anal obstinacy, silence on the part of the analyst is indicated. With silence of the pseudo-debility type, interpretation and talking by the physician is advisable.

Clara Thompson.

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Therese Benedek. 'Defense Mechanisms and Structure of the Total Personality.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 1, pp. 96–118.

Eight clinical case histories are cited to demonstrate that the narcissistic cathexis is responsible for the defence mechanism characteristic of the individual. The dynamically efficient narcissism in one type is concentrated in the super-ego and produces a defence mechanism of intro-

version; in another ego-narcissism is stronger and produces projective mechanisms; in a third type intense fear of the super-ego causes a projection of superficial defences, presenting a melancholic symptomatology. In the genesis of the defence mechanism is involved the aggression which hovers between the super-ego and the ego, directed against either the ego or the outer world. By observation of the narcissism within the psychical agencies, a method for treating resistances can be obtained.

Lucile Dooley.

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Lewis B. Hill. 'The Use of Hostility as Defense.' *Psychoanalytic Quarterly*, 1938, Vol. VII, No. 2, pp. 254–264.

Material from three case histories showed that hostile attitudes during analysis served for the avoidance of recognition of basic emotions, needs and problems. Success in meeting these problems in analysis depends upon the analyst's avoiding reaction either to the patients' need of love or to their hostility and upon meeting them on a middle ground of friendly interest in their verbalization of their fear of needing love. In this setting hostility as a defence may be given up, since it is no longer needed.

Lucile Dooley.

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Harry B. Levey. 'Poetry Production as a Supplemental Emergency Defense against Anxiety.' *Psychoanalytic Quarterly*, 1938, Vol. VII, No. 2, pp. 232–242.

A patient produced poetry during analysis as a form of defence against anxiety and as a means of preserving the repression of aggressive tendencies. The poetry was not a sublimation but an undoing of aggressive impulses. It portrayed serially the various defensive solutions by which she had attempted to resolve the nuclear conflicts of her childhood.

Lucile Dooley.

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Bernard S. Robbins. 'Escape into Reality: A Clinical Note on Spontaneous Social Recovery.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 3, pp. 353–364.

An analysis started after the spontaneous social recovery of a patient from psychosis showed that the patient did not, as is usually supposed, recover by being convinced of the reality of the external world. Under stress of an acute internal conflict he felt the need of modifying his psychotic beliefs in order to reinforce and increase his already depreciated self-esteem, further threatened by forces from within. That this secondary modification happened to fit in with reality was a fortuitous, though very happy, circumstance for the patient.

Lucile Dooley.

Edwin R. Eisler. ' Regression in a Case of Multiple Phobia.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 1, pp. 86–95.

An organ neurosis is described in which conflicts are represented both at the psychical and at the physiological level. Psychical symptoms centred round claustrophobia, but included extreme anxiety and compulsive blocking, gastro-intestinal symptoms, tachycardia, epistaxis, pharyngitis, coughing, dyspnœa, and delayed menstruation. Inhibited genital desires because of incest taboos and a masochistic conception of the sexual function, together with a desire to remain dependent, formed the basis of the symptoms. The author asks if these physiological symptoms, which have no demonstrable organic cause, may not in the course of time become organized into chronic physical changes, or whether such changes are dependent upon specific factors, such as constitutional predisposition or quantitatively stronger early fixations.

Lucile Dooley.

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Otto Fenichel. ' Zur Ökonomik der Pseudologia phantastica.' (' The Economic Aspect of *Pseudologia Phantastica*.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 1/2, S. 21–32.

A fairly long extract from a case history is adduced to show that, on the defensive side, the main function of *pseudologia phantastica* is to ensure a continuance of repression ; for it enables the subject to assure himself that, since he can make other people believe things which are not true, the real experiences which he himself fears to remember may not be true either.

A. S.

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J. F. Brown. ' Reactions of Psychiatric Patients in a Frustrating Situation.' *Bulletin of the Menninger Clinic*, 1939, Vol. III, No. 2, pp. 44–64.

As frustration plays so important a rôle in modern psychological theory, the author decided to construct a standardized experimental frustrating situation and observe the reactions of patients to it. The subject is given a simple problem with only two possible solutions ; after he has discovered these he is informed that there is a third solution. The situation thus created is regarded as one calculated to produce a feeling of frustration in the average person. The patient's behaviour is noted and various introspective data are inquired into. The behaviour of psychotic and psychoneurotic individuals is much more variable and unpredictable than that of normals. Schizophrenics deviate most from the normal, manic-depressives less, and paranoids still less. Obsessionals deviate more than other neurotics. The degree of deviation thus corresponds to the depth of libidinal regression.

W. Hewitt Gillespie.

Edmund Bergler. 'On the Psychoanalysis of the Ability to Wait and of Impatience.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 1, pp. 11–32.

The healthy as well as the neurotic find enforced waiting difficult, but the healthy strive after the actual aim, and the neurotic after the defence mechanism. To the neurotic delays mean loss of the breast and a denial of love. According to the degree of regression, this is expressed on the oral, urethral, anal or phallic levels. The waiting is interpreted as proof of their own wickedness. The oral types are most endangered. The average healthy person also reacts to prolonged waiting with more or less apparently neurotic reactions. These are: internal denial, bitterness, contempt for mankind, depreciation of the aim, phantasies of revenge, doubt of rightness of one's ideas, artificial paranoia, mild alcoholic addiction out of revenge, self-degradation, resignation, and phantasies of rehabilitation. The average normal person has a greater ability to wait than the neurotic, because he is less dependent on approval, he has a stronger inner conviction of victory, there is less conflict tension, and he has a greater ability to interchange his aims.

Clara Thompson.

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Philip R. Lehrman. 'Psychopathological Aspects of Emotional Divorce.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 1, pp. 1–10.

The paper deals with the emotional states of women of about forty with whom divorce is only a symptom of neurotic illness. The growing up of children, the frequent loss of parents, and the approaching physiological changes at this age produce states of regret and a revival of penis envy. The divorce is an attempt to take revenge on the man, to show him to the world as 'no man' and to take over the masculine rôle of independence and career. After the divorce, there frequently follows a period of erotomania, but the unconscious impulse for revenge still ties the subject to her former mate.

Clara Thompson.

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Sandor Lorand. 'Perverse Tendencies and Phantasies: Their Influence on Personality.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 2, pp. 178–190.

Four cases are presented in which the influence of unusually strong bisexual tendencies on character traits is shown, producing, for example, in women, a tendency to depend which is in conflict with a wish to control, and, in both sexes, interests and phantasies at the sado-masochistic level. These patients show unusual fear of displaying their aggressiveness and tend to be emotionally detached.

Clara Thompson.

Louis Montgomery. ' Psychoanalysis of a Case of Acne Vulgaris.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 2, pp. 155–177.

The patient came to analysis for other neurotic symptoms, and it was found during the analysis that the acne was psychogenically determined. The acne first appeared at eighteen when she was jilted. The patient devoted much time and money to attempting to cure it and finally hit upon the idea that sexual intercourse might cure it. There followed a period of great promiscuity in which she was always the aggressive one and was frigid. This behaviour represented the feeling ' I must have a man ' and was a flight from homosexual tendencies. Guilt was handled by feeling that she was treating her acne. There was strong hatred of her mother and attachment to and identification with her father in sadistic beating phantasies. Her mother was always making her feel that her face and genitalia were dirty. Squeezing pimples was connected with squeezing penises. Thus dirt, genitals, face and disease became connected. In periods of positive transference the skin would break out, and in periods of hostility the face was practically clear. Cure persists nineteen months after the end of the analysis.

Clara Thompson.

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Leo H. Bartemeier. ' A Psychoanalytic Study of a Case of Chronic Exudative Dermatitis.' *Psychoanalytic Quarterly*, 1938, Vol. VII, No. 2, pp. 216–231.

A chronic circular, itching exudative dermatitis on the dorsum of the right hand which appeared and disappeared in relation to certain aspects of his work led a twenty-five-year-old dental student to seek analysis. It was found that the dermatitis served as a protection against castration anxiety and was a form of restitution for his own castration tendencies, permission for masturbation, and for partial impulses toward voyeurism, exhibitionism, sadism and masochism. The lesion disappeared when analysis exposed this protective mechanism, and has not recurred during the two years since the analysis ended.

Lucile Dooley.

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George S. Goldman. ' A Case of Compulsive Handwashing. *Psychoanalytic Quarterly*, 1938, Vol. VII, No. 1, pp. 96–121.

An attempt is made to chart graphically the clinical course in a twenty-month analysis of a woman with a severe hand-washing obsession. The graph showed presence or absence of symptoms, degree of normal functioning, mood, extent to which activities brought pleasure or suffering and her emotional relationship with others. The changes produced in the patient's symptoms, and her reactions during analysis are discussed in detail.

Lucile Dooley.

Children

M. Schmideberg. ' Social Adaptation.' *The New Era*, January 1940.

The innate bias of adults is revealed in the fact that even the most sympathetic among them are more surprised that children should have tempers than by the more remarkable fact that much of the time they do not. For the same reason the drawbacks of the average environment receive insufficient attention ; often the parents' valuation of themselves (e.g. their conviction that they are excellent parents) is itself accepted at its face value. Only when we have come to realize against what heavy odds adaptation is achieved even under the most favourable conditions, can we fully appreciate the adaptability of human nature. After discussing the unconscious mechanisms which play an important part in promoting or hindering adaptability and adaptation, the author draws the conclusion that parents should not strive to attain a too high degree of perfection, which is liable to impose too great a strain on them or interferes with their spontaneous relation to the children, but rather that they should admit their imperfections and inconsistencies and show tolerance for the shortcomings of their children. Then their children will in turn tolerate and forgive their parents' faults.

Author's Abstract.

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Gerald H. J. Pearson. ' The Chronically Aggressive Child.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 4, pp. 485–525.

Aggressive impulses belong to all child life. The forces which liberate them are painful stimuli from the outside world, especially when produced by a loved person. In the early period the hostility is checked not so much by a super-ego as by the counter-hostility of the environment. As a result of the opposition, the aggressiveness becomes socialized. Part is used in self-preservation, part can be legitimately liberated by disappointments and frustration and part becomes the driving force of the erotic life. Defences must be erected against what remains. In observing children in the Temple University nursery school, it was found that at least twenty types of defences not unlike adult defences were already in action : e.g. withdrawal, denial, confusion, secretiveness, distortion, etc. These were for the most part used as a protection from actual retaliation but in some cases they protected from super-ego punishment.

Although there is this early attempt to master aggression in the chronically aggressive child, defences fail. The reason for this may be one of the following : (1) Some children may have stronger aggressive impulses. (2) Certain organic brain diseases increase the aggressive

impulses, e.g. encephalitis. (3) An attempt to assuage a sense of guilt by inducing punishment may lead to aggressive acts. (4) Chronic frustration or privation may produce it, e.g. in a long period of parental rejection, especially when, owing to the parent's guilt, there are periods of over-protection alternating with periods of unreasonable punishment. In this situation the child cannot learn what behaviour is socially desirable. (5) Active aggression may be a defence against passive trends ; i.e. against being a ' sissie.'

The chronically aggressive child without psychiatric help develops in one of the following ways : (1) The impulses are suppressed by erecting obsessional defences. (2) A paranoid reaction replaces the aggressive one —especially in type 5. (3) The perversion of sadism may develop. (This was not observed.) (4) The whole burden is placed on the social organization : i.e. the outcome is crime.

Curative treatment should aim at removing fear and anxiety, which interfere with the child's capacity to love and be loved. Certain difficulties stand in the way of the therapist : (1) The child does not trust the physician because he does not know friendly relationships. (2) He often does not feel the need of treatment. (3) The environment becomes impatient because of the duration of a difficult social problem. (4) The hostile home is a constant irritant. Institutions should be equipped to offer an understanding environment during treatment, especially in severe cases. Better methods in schools for detecting early signs of the problem before the child has become a social menace are recommended.

Clara Thompson.

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Eric Homburger. ' Configurations in Play.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 2, pp. 139–214.

Children's play activities are studied as a form of associative material showing the significance of spatial configurations in the expression of dynamic relationships of shapes, sizes and distances. Detailed accounts, with drawings, of play with toys are given and discussed in relation to the child's clinical problems as expressed by the course of his play activity. An experiment is described in which college people are asked to use toys to construct dramatic scenes. Analyses of these disclosed them as products of traumatic tension rather than dramatic products, just as in the experiments with children. The explanation of this may be that the play material evoked the spirit of infantile conflict. The usefulness of this sort of play study lies in its possibility of furnishing a means of understanding the prelinguistic and alinguistic strata of the human mind.

Lucile Dooley.

Siegfried Bernfeld. ' Types of Adolescence.' *Psychoanalytic Quarterly*, 1938, Vol. VII, No. 2, pp. 243–253.

The various types of personality and forms of behaviour of adolescents are dealt with and classified as : (1) the purely rebellious, (2) the purely compliant, (3) the mixed type. Since behaviour in early adolescence may be the opposite to that in late adolescence, various combinations of this classification are required. A typology that is both genotypic and combinatory is advanced by the author.

Lucile Dooley.

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APPLIED

Otto Fenichel. ' Über Trophäe und Triumph.' (' Trophy and Triumph.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 3, S. 258–280.

The trophy is the individual's infantile and narcissistic sense of power which he has had to give up and to displace on to other, adult figures (principally his father) and which he wishes to regain. This power is represented by the person as a whole, the penis, the super-ego, the head, etc. In seeking to gain this trophy the individual is laid open to a conflict between his hatred and his love for the possessor of it. His hatred makes him wish to get it by attacking his object ; whereas his love inclines him to adopt a passive homosexual attitude and entice it into himself. The two feelings combine to soften down the original aggressive phantasy of killing and eating the possessor of the trophy into one of seizing the valued part of him without destroying him, and, still further, into one of participating in it with the owner's consent.

In connection with this last point, especially, great importance must be attached to processes of identification based upon phantasies of getting inside the other person and thus sharing in his power from within, in contradistinction to phantasies of incorporating his power in oneself. From the social point of view, this phantasy of participation accounts for the comparative absence of class-hatred among the poor ; and it also underlies the institution of the totem feast.

Triumph is the individual's reaction to a successful capture of the trophy. But, later on, feelings of depression (or melancholia) will alternate with feelings of elation (or mania) according as the degree of anxiety and guilt in relation to the incorporated object vary.

A. S.

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Helene Deutsch. ' Don Quixote and Don Quixotism.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 2, pp. 215–222.

The story of Don Quixote is an excellent example of the tragedy of a narcissistically conditioned ' world catastrophe '. Don Quixote has

withdrawn all the cathexes necessary for bringing the ego into contact with reality and has transformed them into a single narcissistic force which permits a return to the phantasies of childhood and boyhood. Sancho Panza is his bridge to reality, represents a dissociated part of him which can accept his instinctual impulses, and in his care of the knight also plays, in a humorous fashion, the rôles of father and mother. The portrayal of Sancho as a dissociated part of Don Quixote presents to us the antitheses in man which together constitute a unity. The effectiveness of the story lies in its painting, for the idealist, the idealistic struggle against a world of windmills; for the realist, the depreciatory triumph of caricature; and a pleasurable mastery over the infantile past for both.

Lucile Dooley.

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Viva Schatia. 'Hedda Gabler's Doll's House.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 1, pp. 33–38.

A psycho-analytical interpretation of the *Doll's House* and *Hedda Gabler* is attempted. The women in both plays come from motherless homes, brought up by fathers. Both are financially dependent on their husbands and have extramarital emotional ties with unstable men. Nora remained in the infantile state of bisexuality and Hedda became identified with her father. Both were forced into conflict with the outside world, Nora assuming she would be victorious, Hedda expecting defeat. Nora was able to leave the Doll's House forever, having made an adult adjustment. Hedda's inability to attain emotional maturity imprisoned her in childhood fixations.

Clara Thompson.

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Paul C. Squires. 'Jean Paul Friedrich Richter: A Psychoanalytic Portraiture.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 2, pp. 191–218.

Dreams and dream-like experiences are freely presented in Richter's writings. The pathological traits of his nature appear clearly. His outstanding interest was death, which meant for him a return to the uterus. He eternally re-enacted the drama of the birth trauma. His relationships with people were unsatisfactory and showed his schizophrenic tendencies. In his sexual life he had inadequacies and a tendency to idealize women. There were strong homosexual trends. He was an alcoholic and belonged in the schizo-cyclothymic class.

Clara Thompson.

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Milton L. Miller. 'Balzac's *Père Goriot*.' *Psychoanalytic Quarterly*, 1937, Vol. VI, No. 1, pp. 78–85.

In the character of Goriot the novelist portrays his castration fear (represented by loss of money), his incestuous wishes, his sadistic impulses

towards his father and his identification with his mother. The feminine side of his personality kills the father. The universal appeal of Balzac's novels is attributed to his expression of instinctual impulses common to his characters and his readers.

Lucile Dooley.

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Eduard Hitschmann. 'Selma Lagerlöf, ihr Wesen und ihr Werk.' ('Selma Lagerlöf, her Personality and Work.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 3, S. 304–332.

The recent death of the celebrated Swedish writer lends a topical interest to this study of the deeper motives underlying her career.

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Joseph P. Reich. 'A Case of Psychoanalytic Self Observation.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 4, pp. 470–484.

St. Teresa of Jesus in the sixteenth century made some remarkable self-observations which correspond to present-day ideas about the unconscious.

Clara Thompson.

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Stanley M. Coleman. 'The Myth of the Fairy Birth.' *Psychoanalytic Review*, 1939, Vol. XXVI, No. 3, pp. 301–314.

Myths are over-determined, and for purposes of interpretation can be reduced to a few ideas. The various myths of the fairy birth all include the following. A mortal midwife is rapidly transported to fairyland to deliver a fairy. She is taken into the earth, and there finds a beautiful or shabby dwelling. She is rewarded for her work by apparently worthless trinkets which turn into jewels. She either steals or gets by accident some magic ointment which she rubs into one eye and is thereby enabled to see the fairies. If this becomes known, there is punishment—either blindness or madness. The author shows that this is a myth about infantile curiosity about the primal scene and birth, and contains the threat of punishment for masturbation with incest thoughts and feelings.

Clara Thompson.

BOOK REVIEWS

Moses and Monotheism. By Sigmund Freud. (The Hogarth Press and The Institute of Psycho-Analysis, London, 1939. Pp. 223. Price, 8*s.* 6*d.*)

This memorable book is one of the most interesting Freud ever wrote. It is further remarkable in that, while even his nearest friends and followers are likely to find things in it—including perhaps the central theme itself—from which they may dissent, no one with any imagination can fail to be kindled by the continuous sparkle of brilliant and enlightening ideas it displays.

Someone has suggested that Freud's works, rather like Beethoven's symphonies, tended to alternate in their attitude towards his audience. In one type, of which *Beyond the Pleasure Principle* is a good example, he seems to be writing essentially for himself, to be thinking aloud, as it were; the audience must be content to extract what they can from the impressive process going on and be grateful for the remarkable privilege so vouchsafed them. In such a case what the reader gets out of the experience is proportional to the effort he puts into it; he has not the feeling that he is being helped by a sympathetic teacher and he has to struggle hard himself. In the other type, of which the *Introductory Lectures* is the supreme example, Freud displays himself as a superb teacher, anticipating, divining and resolving his reader's difficulties with a skilful helpfulness that in itself wins admiration by its genius.

There can be little doubt that the present work falls into the former category. The irregular arrangement itself of the book, with its repetitions, lack of continuous development in the argument and its three prefaces in the middle, is something for which we are not in the least prepared when opening a book by Freud, whose skill in just such matters was of a superlative order, and he makes it plain that it seriously offended against his own artistic canons. One does not feel that the author, any more than the reader, is convinced by the excuse put forward about the conditions under which the book was written. Nor would this account for the signs of restlessness in the details of the argumentation. Jumps occur between the sentences as if the author were too impatient to fill out the exposition of his thought and eager to have done with his task. Much of the book, particularly the archæological part, is written with the old lovingness for the theme and the generous desire to put the reader in full possession of all the author can contribute to it. Other parts, at least as interesting in themselves, seem to be written with a haste that suggests an underlying unwillingness. One cannot help wondering if the author was not here being influenced by the thought he adumbrates in his opening passage, by the anxiety lest his own people, for whom he had such a close attachment,

should have their susceptibilities wounded by being deprived of their great leader, Moses, and fail to appreciate adequately the much greater compliment paid to them by attributing to them the insight and loftiness of spirit that overcame the tremendous difficulties in the way of realizing the Mosaic ideal. After all, the Jewish leader is in a sense being disposed of, i.e. slain, for the second time.

The readers of this review are doubtless already familiar with the first two Parts of the book—since they have been published in this JOURNAL—if they are not yet with the rest of it, so it is not necessary to detail the contents of them here. The gist of them can be shortly stated.

We begin with a beautiful example of Freud's remarkable independence in thought, one of his most outstanding characteristics. Other workers who had noticed that the name Moses was Egyptian had simply said ' very odd ' and passed on. Doubtless deterred by awe of Biblical tradition, they had not even allowed the obvious thought to enter their mind that the reason why Moses bore an Egyptian name was simply that he *was* an Egyptian. Freud, whose free mind was not inhibited by any such influences, draws this direct deduction, and he confirms it by a very pretty analysis of the ' exposure myth ' which makes it instantly convincing to anyone psycho-analytically minded.

In the Second Part Freud examines the questions of why a nobly born Egyptian should have thrown in his lot with a crowd of uncultivated immigrants and in what sense it can be said that he gave them their religion. It had previously been surmised that the Jewish religion was derived from that of Akhenaten, with the noteworthy exception of the sun-worship in the latter, and of course it was known that the practice of circumcision also came from Egypt. (The Biblical account of this, that it was devised to distinguish the Jews from other peoples, Freud stigmatizes as ' a particularly clumsy invention '.) The illuminating suggestion is made that Moses was faced, after the revolution that followed Akhenaten's death, by the painful choice of becoming either a renegade or an exile. Being a man of exceptionally powerful character, and being sincerely convinced of the truth and loftiness of Akhenaten's conceptions, he made the doughty decision, on being rejected by his Egyptian compatriots, of choosing, and in a sense creating, a people *of his own.*

Incidentally, we get here an answer to the reflection in the well-known Oxford couplet about the Jews. One of their many unique features is their belief that God chose them, whereas otherwise we hear only of peoples choosing one or other God, and it seems likely that their survival as a separate entity has been mainly due to this peculiar belief. Freud translates it into its original terms, namely, the curious occurrence that Moses, their leader and creator, *chose* them. His aim was to make them the equals, if not the superiors, of the best of the Egyptians. So he taught

them the purest of all religions, stamped them by the custom of circumcision, and boldly led them forth from their bondage. Among the many side-lights this idea casts may be mentioned a solution of the enigma concerning the origin of the Levites; Freud suggests that they were simply the retinue of the great nobleman Moses who subsequently formed an influential and pro-Moses minority in the new people. Moses himself must have been of an autocratic temperament, as is indicated by the Biblical story of the rebellions against his authority, and Freud accepts the plausible conclusion Sellin recently drew from Old Testament studies —that one of these rebellions brought about a lethal end. This great murder, however, was fateful in history. It begot a strong reaction of guilt and remorse, denied in further repression, and the hope that it would some day be undone, i.e. the belief in a Messiah (and, incidentally, thus the Christian religion).

Here Freud encounters the generally accepted historical conclusion of the higher critics: that Moses never was in Egypt, but was a Midianite priest of a local volcano god, Jahve, at Qadeš. The resolution he offers of this antinomy is that in the legendary figure of Moses two actual ones are condensed, that of the Egyptian leader who forced his religion and laws on the Jews and was murdered in the wilderness and that of a sweet-tempered priest, the son-in-law of Jethro, who lived a couple of generations later. Neither of these figures, strictly speaking, were Jews, though the Midianites were reckoned as distant kinsmen, so that Freud need not bear all the obloquy of depriving the Jews of their great national hero. Within a century of Moses' tragic end a compromise was reached between his religion and the Jahvistic one, between the Jews who had sojourned in Egypt, and those they met again after leaving that country. At first the religion of Jahve predominated, being better suited to the lust of conquest with which the Jews were then animated than the 'pure' religion of the Aten, that of truth and justice. But in time the latter emerged more and more, being voiced ever anew by the prophets until it won recognition. Jahve fell into the background: 'The shadow of the god whose place he had taken became stronger than himself.'

Freud sums up with this formula: 'To the well-known duality of that history—*two peoples* who fuse together to form one nation, *two kingdoms* into which this nation divides, *two names* for the Deity in the source of the Bible—we add two new ones: the founding of *two* new religions, the first one ousted by the second and yet reappearing victorious, *two* founders of religions, who are both called by the same name Moses and whose personalities we have to separate from each other. And all these dualities are necessary consequences of the first: one section of the people passed through what may properly be termed a traumatic experience which the other was spread.'

Part III, which occupies nearly two-thirds of the whole book, begins with a sympathetic personal account of how the book came to be written and published. The themes of this Part recur, so it will be simpler to re-group them than to follow the exact order of exposition.

(1) *The Mosaic Religion and the Jewish Character.* The three characteristics of this religion, according to Freud, are : (*a*) belief in one universal God, (*b*) repudiation of ceremony, ritual and superstition, (*c*) idealism of truth and justice. The interesting historical feature in it was the way in which, after centuries, it re-emerged through the mouths of the prophets and finally displaced the crude Jahve worship. This Freud connects with the latent sense of guilt proceeding from the reaction to the murder of Moses. A greater profundity resulted than, for example, in the Mohammedan religion which began on similar lines but was not accompanied by a murder of its Founder. A close analogy is worked out here with the genesis of a neurosis, with its initial repression followed—after an interval of latency—by conflict and return of the repressed.

In the complex network of historical causation Freud holds there is occasionally room for the importance of an exceptional individual and he devotes a chapter to the psychology of the ' Great Man ', whom he ultimately identifies with the Father as seen through the child's eyes. The present is a case in point. ' We may say that it was the man Moses who stamped the Jewish people with this trait, one which became so significant to them for all time. He enhanced their self-confidence by assuring them that they were the chosen people of God. . . . Not that the other peoples on their part lacked self-confidence. . . . The self-confidence of the Jews, however, became through Moses anchored in religion ; it became a part of their religious belief. By the particularly close relationship to their God they acquired a part of His grandeur. And since we know that behind the God who chose the Jews and delivered them from Egypt stood the man Moses who achieved that deed, ostensibly at God's command, we venture to say this : it was one man, the man Moses, who created the Jews. To him this people owes it tenacity in supporting life ; to him, however, also much of the hostility which it has met and is meeting still.'

In a somewhat flattering description of the Jewish character Freud selects as its distinguishing features (1) great self-confidence (with tenacity of life in the face of misfortune), and (2) high estimation of ' spirituality ', especially of intellectual achievements. This latter he connects with the taboo set on visual representation of the Deity which led to mental qualities displacing those of the sense organs. He does not mention the other possible explanations of what is sometimes called the ' intelligence complex '. Both features are said to be essentially due to the Mosaic religion, without which the Jews would scarcely have survived as a people. ' We found that the man Moses created their character by giving to them

a religion which heightened their self-confidence to such a degree that they believed themselves to be superior to all other peoples. They survived by keeping aloof from the others. Admixture of blood made little difference, since what kept them together was something ideal—the possession they had in common of certain intellectual and emotional values. The Mosaic religion had this effect because (1) it allowed the people to share in the grandeur of its new conception of God, (2) because it maintained that the people had been " chosen " by this great God and was destined to enjoy the proofs of his special favour, and (3) because it forced upon the people a progress in spirituality which, significant enough in itself, further opened the way to respect for intellectual work and to further instinctual renunciations.' For long there persisted the hope of world sovereignty. ' The last-named wish-phantasy—relinquished long ago by the Jewish people—still survives among their enemies in their belief in the conspiracy of the " Elders of Zion ".' This little example is one of many that could be given of the scintillations of light Freud—almost casually—throws out from the main course of his argument.

The flaw in the Mosaic religion was that it gave expression to only one half of the ambivalency inherent in the son-father relationship. The hostile part showed itself only in a powerful reaction of guilt, the sense of sin. This was favoured by the misfortunes of the Jews. ' If they wished to keep happiness, then the consciousness of guilt because they themselves were such sinners offered a welcome excuse for God's severity. They deserved nothing better than to be punished by Him, because they did not observe the laws ; the need for satisfying this feeling of guilt, which —coming from a much deeper source—was insatiable, made them render their religious precepts ever and ever more strict, more exacting, but also more petty.' This moral masochism led to a falling away from the pure conceptions of Moses, to the re-instatement of the ceremonial ritual he had so eschewed, and to degeneration into the never-ending reaction-formations of obsessional neurosis. Here we may be reminded of the connection between obsessional neurosis and melancholia that recent analytic research has so insisted on, for it is well known in psychiatry that the latter condition is one to which Jews display a special proneness.

(2) *Birth of Christianity.* The flaw just mentioned was subsequently remedied—also by a great Jew. Freud suggests that the belief in the Messiah, reiterated by all the prophets, may have originated in the wish that the murdered Father-Moses would return. When the Founder of Christianity, whose ethical precepts surpassed even the heights attained by former prophets, had in turn been murdered, Paul, the creator of Christian Theology, was seized by an inspiration of genius. Accepting Christ as the Messiah, he correctly traced back the prevailing sense of guilt to its primæval source : he called it ' original sin ', a mortal (i.e.

murderous) sin against God the Father. In place of the murder wish itself, however, stood the phantasy of expiation, welcomed in the form of a gospel of salvation. The perception had dawned on him: ' " it is because we killed God the Father that we are so unhappy." It is quite clear to us now why he could grasp this truth in no other form but in the delusional guise of the glad tidings: " we have been delivered from all guilt since one of us laid down his life to expiate our guilt." ' ' A Son of God, innocent himself, had sacrificed himself—and had thereby taken over the guilt of the world. It had to be a Son, for the sin had been murder of the Father.' ' The Mosaic religion had been a Father religion; Christianity became a Son religion. The old God, the Father, took second place; Christ, the Son, stood in His stead, just as in those dark times every son had longed to do. Paul, by developing the Jewish religion further, became its destroyer. His success was certainly mainly due to the fact that through the idea of salvation he laid the ghost of the feeling of guilt. It was also due to his giving up the idea of the chosen people and its visible sign—circumcision. That is how the new religion could become all-embracing, universal '—thus reinstating the universality feature of the old Aten religion that had been abolished when it had been confined to the Jewish people. ' From now on Jewish religion was, so to speak, a fossil.'

Freud hints at the degeneration that later assailed the Christian religion, through its political syncretism, into ceremonial ritualism and almost into polytheism. It seems like a repetition of the battle between the Aten and Amon. He does not, however, pursue the later history of Christianity, which would be an interesting task in the light of his illuminating suggestions. Throughout this history the same fight recurs and in English Nonconformity, for example, we have a regression to the ' pure ' monotheistic idea of the Hebrew prophets that is unsurpassable in its intolerance and segregativeness.

(3) *Antisemitism.* Curiously enough, most Jews refused to believe that their hope of a Messiah had at last been fulfilled and thus cut themselves off from the offered expiation, or salvation, for human guilt. ' Why the Jews were unable to participate in the progress which this confession to the murder of God betokened (in spite of all its distortion) might well be the subject of a special investigation.' It might seem to be in accord with the general theory of the book if this refusal were to be associated with the unique experiences of the Jewish people—the stupendous part played by a single man in its creation and the ungrateful murder of this very man—but Freud does not put forward this suggestion; and doubtless more complicated historical factors were at work. At all events we have here an important source of antisemitism, one psychologically justified. The Christian reproach would run: ' You won't *admit* that you murdered God (the archetype of God, the primæval Father and his reincarnations).

It is true, we did the same thing, but we *admitted* it, and since then we have been purified.'

There are, however, many other sources of antisemitism, of which Freud lists four ' obvious ' ones and two ' deep ' ones. Of the former he calls the most ' fallacious ' the reproach of their being foreigners, since in many places, e.g. Cologne, the Jews were the oldest constituents of the population. (To which it might be replied that this holds good of an extraordinarily small number of Jews, nor does it alter the fact of their foreignness to the prevailing population. Celts, for instance, would be more unpopular than they are in England and France if they asserted their separateness and foreignness, though they dwelt in those countries before the present inhabitants.) The other obvious sources are that they constitute a minority, they are indefinably ' different ' and they defy oppression. All these four features would appear to have much in common : an insistence on separateness.

The deeper reasons are (1) jealousy of the Jewish claim of being the first-born, favourite child of God the Father, and (2) the dread of castration stimulated by the custom of circumcision. In the latter connection it is noteworthy that the modern custom of surgical circumcision that prevails in our well-to-do classes does not seem, as might have been expected, as yet to have diminished antisemitic prejudices among them, though, it is true, forty or fifty years is a short period to produce changes of this order.

(4) *Development of Religion.* The well-known theory advanced in *Totem and Taboo* is summarized—the transition from the patriarchal horde through the brother clan to matriarchy and animal worship. Freud here breaks a lance with the anthropological critics of Robertson Smith. He adheres firmly to the historical survey he gave a quarter of a century ago and says : ' Whoever declares our reconstruction of primæval history to be fantastic greatly under-estimates the richness and the force of the evidence that has gone to make up this reconstruction. . . . There is nothing in our reconstruction that is invented, nothing that is not based on good grounds.' When matriarchy was once more displaced it happened in a tentative fashion, the father never regaining his former omnipotence. The re-emerging gods themselves were at first endowed with limited powers and even the henotheistic worship of one God was for long compatible with a non-recognition of His universality ; different nations would each worship a God of their own.

Freud in an interesting fashion draws an extensive parallel between the history of a religion and that of a neurosis. He goes further than this and maintains that they are essentially of the same psychological order, religion thus being a general neurosis. What especially attracts his attention here are the features of a latency period and a return of the repressed, features that are particularly striking in the case of monotheism.

The content of religions consists partly of fixations on primitive ideas, and survivals of them, and partly of a return of this forgotten material.

(5) *Monotheism.* A cynic once remarked that the only superiority he could perceive in monotheism over other religions was simply a mathematical one: if the number of existing Gods equals zero, then the belief in one God was nearer the truth than the belief in three or ten. This is not, however, the common view of monotheism. Its adherents are apt to claim for it an axiomatic and overwhelming superiority. To judge from numerous expressions such as 'lofty heights of spirituality', 'grandeur', 'majesty', etc., Freud would appear to have shared this estimate; at all events he does not question it or raise any problem concerning comparative values. Indirectly, it is true, he explains why monotheists make the unique claims they do for the superiority of their beliefs and that is when he suggests that they recapture in a specially full measure the emotions of awe that the members of the primal horde presumably felt for their leader. 'Only then was the grandeur of the primæval father restored; the emotions belonging to him could now be repeated.'

The Future of an Illusion has been criticised on the ground that it seems to ignore the special profundity of religious feeling. In this book Freud amply repairs any such omission. He states that no mere listing of psychological elements that go to build up a religion can be regarded as adequate unless account can be given also of this unique profundity. After discussing various historical and psychological factors he says: 'To all matters concerning the creation of a religion—and certainly to that of the Jewish one—pertains something majestic, which has not so far been covered by our explanations. Some other element should have part in it: one that has few analogies and nothing quite like it; something unique and commensurate with that which has grown out of it; something like religion itself.' This is a sentence to which the attention of many psychological students of religion needs to be drawn. Further: 'It (i.e. a tradition) must first have suffered the fate of repression, the state of being unconscious, before it could produce such mighty effects on its return, and force the masses under its spell, such as we have observed—with astonishment and hitherto without understanding—in religious tradition.'

As was hinted above, the specific feature to which these tremendous effects are to be attributed is the re-emergence from the unconscious mind of the emotions which at the beginning of things were attached to the idea of the Father. 'The first effect of the reunion with what men had long missed and yearned for was overwhelming and exactly as the tradition of the law-giving on Mount Sinai depicts it. There was admiration, awe and gratitude that the people had found favour in His eyes: the religion of Moses knows of only these positive feelings towards the Father-God. The conviction that His power was irresistible, the subjection to His will,

could not have been more absolute with the helpless, intimidated son of the father of the horde than they were here ; indeed, they become fully comprehensible only by the transformation into the primitive and infantile *milieu*. Infantile feelings are far more intense and inexhaustibly deep than are those of adults ; only religious ecstasy can bring back that intensity. Thus a transport of devotion to God is the first response to the return of the Great Father.'

(6) *Inheritance*. We come last to the theme which Freud himself may well have estimated as the most important of all, and yet, alas, one—probably the only one—which is likely to evoke widespread scepticism even among his own followers.

Starting from the observation, undeniable to psycho-analysts, that the reactions of a neurotic child to its parents transcend those explicable by the mere experience of actual situations Freud concludes that this is to be explained by the reactions being *inherited* repetitions of similar ones in antiquity towards situations—Father-murder, castration and the like—to which they would be truly commensurate. He would ' assert that the archaic heritage of mankind includes not only dispositions, but also ideational contents, memory-traces of the experiences of former generations.'

This view is attractive in its simplicity, and, one might also say, in its grandeur. Yet it contains such a serious assumption, one contradicted by a tremendous mass of other evidence, that it has to be closely examined. One sees then that it contains several distinct elements of varying authenticity. (1) The reactions of neurotic children, i.e. of all children, are often unquestionably disproportionate to their actual experience. A child may, for instance, develop a fear of being castrated by a father he has never seen, who may have died before the child was born. (2) These reactions are therefore compounds of, so to speak, reflex responses to experience and of contributions made by the child's own power of phantasy. (3) The latter contributions, those transcending the response to experience, are hereditary in the sense that the infant must have brought with him into the world an innate disposition to develop certain types of phantasy in certain contexts. (4) The reactions in question are characteristically unconscious throughout ; the child has never been conscious of them and never will be (apart from psycho-analysis).

I should suppose that all analysts would assent to the foregoing propositions. We now approach more debatable ones. (5) Infants appear to have an innate knowledge of certain facts independently of what they have acquired by experience ; I am thinking here of such facts as those pertaining to coitus, sex differences, castration, etc. The crucial word here is, of course, ' knowledge '. In what sense, for instance, can a newly-born lamb be said to have a ' knowledge ' of coitus. For purposes of

practical language we say that he has this knowledge, for as soon as he can stand he may act on it, i.e. behave as if he knew about such things. Obviously, however, it is a very different sense from that used when we speak of knowledge as the conscious recognition of specific ideas. No doubt Kant's teaching on the subject of ' innate ideas ' needs extensive revision in the light of psycho-analytical experience, but even yet our knowledge of the infant's unconscious mind is not sufficiently far advanced to enable us to define exactly what we mean when we roughly speak of the ' ideas ' of its phantasy ; that such feeling-attitudes, to use what is perhaps the most appropriate expression at the moment, do not enter even the preconscious mind sharply separates them from ' ideas ' in the ordinary sense. (6) The disproportionate reactions in question would appear to correspond with what we imagine to have been the conscious affective reactions of primordial man. Naturally, in the present state of our knowledge, this is a tentative hypothesis, but it is one that seems highly probable to most psycho-analysts. Assuming it, we are faced with the problem of how the conscious mental attitudes of primordial man are related to the unconscious ones of present-day children. (7) Freud's view would appear to be simply that the conscious attitudes of primitive man made on him such a profound impression as to reverberate throughout his body, producing a corresponding impression on his semeniferous tubules so that, when—perhaps years later—they produced spermatozoa, each of these had been modified in such a way as to create, when united with an ovum, a child who bore within him the memory of the father's personal experience—or at least that enough of this process occurred to produce the result when repeated a great number of times. Freud specifies that the process takes place only when the events experienced are important enough and repeated often enough, which we may assume to have been so in the case of parricide. The inherent improbability, however, of the process is so evident as to need no emphasis and very considerable evidence would be necessary to make it even plausible. No branch of biology has been pursued in the past sixty years with more persistence than that of genetics, nor is there any in which more extensive experimental work has been carried out, and the colossal weight of evidence against the transmission of acquired characteristics (i.e. against the experiences of the individual affecting the offspring) stands in impressive contrast with the sparse and doubtful evidence in favour of such a possibility being more than at most an exceptional occurrence. Yet Freud goes so far as to state that he cannot picture, not only psychological development, but also biological development in general as having taken place without it. When he omits to discuss any possible connection between our ancestors and ourselves, notably on the subject of instincts, other than the Lamarckian mode of transmission one is impelled to invoke the shades of Darwin, Weissmann

and Mendel. The question of the survival value of the emotional reactions in question is not raised, nor any reference made to natural selection and other agencies affecting heredity. After all, the problem here is in essence not dissimilar to that of the persistence in the embryo of the ' gill-slit ' markings which presumably correspond with the functioning organs of our aquatic ancestors. It is plain, in short, that other alternative explanations will have to be considered before we are driven back on the Lamarckian explanation which is so unlikely in the light of our present knowledge.

Freud in this book satisfactorily solves a great number of fascinating problems and, as usual, furthermore makes us recognize the existence of others which only the future will solve.

It does not become the present writer to speak of the quality of this translation, but he may at least say that the present work must have been one of the most difficult of Freud's to render into tolerable English.

E. J.

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The Neurotic Personality of Our Time. By Karen Horney. (Kegan Paul, Trench, Trubner & Co. Ltd., London, 1937. Pp. 299. Price, 12*s.* 6*d.*)

This volume appears to be addressed to the public and the keynote of what it has to say is perhaps given in the following passage in the introduction. ' When we realize the great import of cultural conditions on neuroses the biological and physiological conditions, which are considered by Freud to be their root, recede into the background. The influence of these latter factors should be considered only on the basis of well established evidence.'

The first chapter contains a general appreciation of neurosis. We read that ' neurotic persons are different from the average individuals in their reactions. We should be inclined to consider neurotic, for example, a girl who prefers to remain in the rank and file, refuses to accept an increased salary, and does not wish to be identified with her superiors, or an artist who earns thirty dollars a week but could earn more if he gave more time to his work, and who prefers instead to enjoy life as well as he can on that amount, to spend a good deal of his time in the company of women or in indulging in technical hobbies.' This well illustrates the author's predominantly social conceptions. She constantly deprecates what she considers to be Freud's exaggerated views on biological factors and writes, for instance, in this connection : ' Freud's disregard of cultural factors not only leads to false generalizations, but to a large extent blocks an understanding of the real forces which motivate our attitudes and actions. I believe that this disregard is the main reason why psycho-analysis, inasmuch as it faithfully follows the theoretical paths beaten by Freud,

seems in spite of its seemingly boundless potentialities to have come into a blind alley, manifesting itself in a rank growth of abstruse theories and the use of a shadowy terminology.'

What really recedes into the background is infantile sexuality. We learn that the reactions of the Œdipus complex are not so common as Freud assumes (*sic*), and that they are artificially generated from the atmosphere in which the child grows up. Often it is not the origin of the neurosis, but is itself the neurotic formation. ' There is no evidence that the tenderness between mother and child is of a sexual nature.' ' A great part of what appears as sexuality has in reality very little to do with it, but is an expression of the desire for re-assurance. If this is not taken into consideration one is bound to over-estimate the rôle of sexuality.' This observation is a dangerous half-truth. The fact that the motivation of sexual impulses may be over-determined by anxiety and other factors does not make the acts in question any the less sexual ; what it does is to show the enormous importance of sexuality both for itself and for extrinsic purposes like re-assurance. To draw a contrary inference is equivalent to emptying the baby with the bath.

The author pays a high tribute to Adler for recognizing the importance of the strivings for power and prestige, but ' neither Adler nor Freud has recognized the rôle that anxiety plays in bringing about such drives, nor has either of them seen the cultural implications in the forms in which they are expressed.' The author deals at considerable length with the problem of masochism, which she considers is not an essentially sexual phenomenon. Its aim, like that of all neurotic suffering, is asserted to be ' relinquishment of the self '.

We note that the name of no English analyst is among the numerous analytical writings referred to.

E. J.

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The Dream World : a Survey of the History and Mystery of Dreams. By R. L. Mégroz. (John Lane, The Bodley Head, London, 1939. Pp. 319. Price, 10*s.* 6*d.*)

Mr. Mégroz's object in this book is to present the main aspects of the study of dreams by summarizing the history and theories of the subject, supported by examples of dreams new and old. It is a survey of dreams rather than an attempt to solve the problems they present, and where the author wishes to press a view of his own he does it by force of multiple example rather than by philosophic argument. The result is a rich collection of dreams of all periods and all stages of culture, savage and civilized, ancient and modern, yet, as Mr. Mégroz points out, there is in spite of their varied sources a significant continuity of certain ideas running

through them all. Chapters are devoted to ' Divination and Interpretation ', ' Dreaming in Childhood ', ' Recurring Dreams ', ' Creative Dreams', ' Ghosts and Symbols ', etc.—a list which shows how wide is the scope of the book.

The author began his study of dreams after finishing his critical studies of Francis Thompson and D. G. Rossetti, which had led him to believe that much of the work of poets and artists is clearly traceable to the mind's energy in dreams. A poet himself, he refuses to be bound by the strict limitations of scientific research. Hence, while accepting generally the Freudian principles, he finds that they are too purely ' materialistic ' to account for all the problems presented by dreams, and, without being dogmatic, he submits evidence pointing to the power of the mind in certain states to acquire ' supernormal ' knowledge, i.e. knowledge which apparently has not been gained through the normal channels of the senses. The commonest of these states is dreaming, and Mr. Mégroz gives instances of persons dreaming of events of which they had no previous knowledge, and of a kind of telepathic communication between two persons who simultaneously dream the same dream. Dreaming of the time of the night and awakening to find that the dream is correct recalls the fact that a considerable number of persons claim to be able to wake at a given time by impressing it on the mind before going to sleep. In another direction Mr. Mégroz guardedly expresses the view that some dreams may reveal the future, and here he has clearly been influenced by Mr. J. W. Dunne's book, *An Experiment with Time*. He discusses the question of coincidence but considers that the examples he quotes are too numerous and too exact to make this an adequate explanation.

This book is written in a lucid and attractive style ; it will provide some interesting raw material to psycho-analysts, and it will have a wide general appeal to other readers.

W. A. Brend.

*

Scientific Hypnotism. By Ralph B. Winn, Ph.D. (The Christopher Publishing House, Boston, Mass. Pp. 161. Price, $1.75.)

This book adds little to the knowledge of hypnotism. The author cites the views of Charcot, Bernheim and other old masters, but has neglected recent literature, notably the last few issues of the *British Journal of Medical Psychology* with its records of valuable experiments on the psychodynamics of hypnotism.

As a research worker, the author is anxious to ' help transform the art of suggestion into a science, and to provide a scientific foundation for the study of hypnotism '. To do so he apparently thinks it necessary to attack psycho-analysis and confuses the mechanism of hypnotism with that of

psycho-analysis. Then, with unsound reasoning and a great deal of emotion, he assails psycho-analytical methods without having any adequate conception of them.

However, in his function as a therapist, he advises how and in what cases hypnotism can and should be applied. He gives as a representative list a great number of ailments such as stammering, sexual impotence, frigidity, stomach-aches, drug addiction, etc. which can be cured by suggestion. Hypnotism, he claims, can be used successfully in these and many other conditions but it takes more than mere optimism to convince experienced users of hypnotism that sex perversion or frigidity, for example, can be cured by that method.

Sandor Lorand.

*

Out of the Running. By G. Gertrude Hoopes. With a Foreword by Edgar A. Doll, Ph.D. and with Clinical Notes by Winthrop M. Phelps, M.D. (Charles C. Thomas, Springfield, Ill., Baltimore, Md., 1939. Pp. 158.)

This autobiography calls to mind Helen Keller's heroic struggle and victory over her handicaps. Miss Hoopes's story is in the same sense a vital document, demonstrating the possibilities of education and mental therapy for the severely physically handicapped. The first portion of it has an additional psychological value in being a frank confessional of the emotional struggles which resulted from or were considerably intensified by extreme motor frustration.

Dr. Phelps diagnosed the case as an athetosis from an intra-cranial extra-pyramidal injury which resulted in 'no mental impairment or abnormality of disposition' but in extreme neuromuscular disability affecting the limbs, head, pharynx, larynx, etc. and associated with choreiform movements of varying degrees of intensity. Thus only at five years of age was she able to sit up and hold up her head; she learned to walk with great difficulty and ceased walking altogether after a hip injury, which was due, as she later thought, to 'an escape mechanism'. She then learned to get about quickly and efficiently on a specially built tricycle. The particular distribution of her involuntary movements permitted her to accomplish these wider motions as well as those of her sign language where fingers and hands were used only to a slight degree.

This book, executed by one finger on the typewriter, is by its content and style the best testimonial to her victory over the inarticulateness imposed upon her by physical limitations. A wealth of material of psychological interest is contained in that part of the story which deals with her life up to the age of thirty-eight. Though she had not yet received any

scientific mental help, she nevertheless shows unusual keenness in dissecting her character and its development in an introspective way, accounting for her character traits and childhood behaviour by a recognition of her desires and frustrations, though naturally not always recognizing them as reaction-formations, defences or symptoms.

Childhood memories include persistent anxiety about her condition, for which she inwardly blamed her parents, and an early hostility towards her mother, which changed upon the latter's death when the writer was five, to ' a liking to look upon the dead and wonder if I unconsciously compared their physical condition of absolute immobility to my own involuntary motion.' Once she remembers consciously wishing for a string to pull which would enable her to talk like her talking-doll, but generally she repressed her desire to be like others physically. She does not recall, for example, her sister's story of how, watching children at a party, she burst out : ' I wish I too could dance ! ' She appeared to resent over-solicitude, was rebellious, often disobedient, and gave way to tantrums. Inwardly she felt isolated and frustrated in her desire to express ' abstractions ' of emotion and thought, and suffered severely from fears of the dark, of going blind, making secret efforts to overcome all her emotions by the same stoicism she applied to her intellectual tasks.

For these energetic pre-adolescent years, influenced by her father and characterized by intellectual development and emotional suppression, the writer admits an amnesia which she ascribes to ' physical pain and fatigue of becoming a woman '. The mysteries of adolescence which came with a shock and an increased sense of frustration, followed by the death of her father, who had explained to her that ' thoughts of love ' were not for her, aroused all her sense of guilt and turned her from her gratifying intellectual pursuits to a deep consideration of her own faults. In this period, during a long depression, which she ascribes to her physical condition, her fear of blindness, and to the realization of the necessity for submission in all matters to the authority of her family, she twice attempted suicide, at least once with the conscious motive of punishing the ' cruel ' ones.

An early interest in religions and her conversion in spite of opposition, at the age of eighteen, to the Catholic faith, seem to have carried her through the difficult years, by freeing her at least in this respect from family authority, supplying her with a consoling ' mother ' church and gratifying her yearning for ' authoritative teaching ' in the doctrine of papal (father) infallibility. All this, and the psychological value to her of the confessional, the writer seems aware of to some extent, but the depressive states, which as hinted at in dreams and symptomatic acts involved her unconscious conflict of love and hostility toward her devoted sisters, continued for a long period, presumably until after the mental hygiene treatment.

In the sections of the book written at the age of fifty-eight, after treatment, a maturer, clearer understanding of her childhood and adolescent problems prevails. There is a gain in objectivity of outlook regarding her handicaps, her place in the world and its limitations. She is helped considerably to accept the fate of being a partial ' shut-in ', a fate alleviated in recent years by the radio, to which she has become attached as a factor in maintaining her mental and emotional health. The scientific and friendly interest of G. Stanley Hall, of Dr. Doll, Dr. Friedenwald and Dr. Phelps, has given her an objective interest in her own case, and a social interest in the handicapped, particularly those in the Vineland School for defectives.

In the frankness of the early material of her attempted self-analysis. the psycho-analytic reader can find much to throw light on the case. But he must regret the reserve which the writer maintains in the later sections, regarding the process of rehabilitation, its duration, the method used, by whom it was administered and other information essential to a complete understanding of the cure.

That it was an effective treatment is attested by the following conclusions of the author regarding the relationship between her illness and her development : that her lack of speech accelerated rather than retarded the development of her intellect ; that her motor handicaps exerted only slight restrictions on her mental horizons in her formative years ; but that in the matter of emotional development, ' the athetoid movements and my emotions seem very closely associated in that what stirs one, agitates the other ', and that her repressions of her unconscious wishes caused emotional strain and fatigue intensifying the athetoid movements. For the psycho-analyst, interested in the interdependency of the depression and the organic disease, this autobiography, an intelligent, acute and honest effort of self-observation, should be of considerable interest.

Marie H. Briehl.

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Mental Health Through Education. By W. Carson Ryan. (The Commonwealth Fund, New York, 1938. Pp. 315. Price, $1.50.)

The research on educational trends and methods reported in this book was made possible by the Commonwealth Fund and attests the interest in America in the correlation of school activities with better mental health. While many of the schools visited by the author are ' depressingly bad ', an increasing number are making use of the knowledge derived from psychiatry to overcome difficulties which have contributed towards making education perfunctory and distasteful to the child. These are mainly the artificiality of the curriculum and its remoteness from current social and economic conditions, its traditional separateness from the

home, its lack of emotional stimulation and the employment of teachers ill adapted to inspire and sympathize with youth.

The aim of education to promote mental health may be hastened by ' adding activities which make much more of an appeal to the natural interests of children '. The author's specific suggestions to this end include a better ' emotional climate ', recasting the training of teachers with greater emphasis on the social aspects of education, more flexible school curricula and a closer collaboration between the family and the school in mental hygiene activities. The difficulty which reform in education faces when it too far outstrips the intellectual level and prejudices of the taxpayer is the outstanding obstacle to the immediate introduction into the schools of many of the author's suggestions.

The contributions of psycho-analysis to contemporary pedagogy are not specifically accredited, but the citation and endorsement of the views of numerous psycho-analysts from Aichhorn downwards indicate how far psycho-analytical thought influences the author's position.

C. P. Oberndorf.

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The Patient as a Person. By G. Canby Robinson. (The Commonwealth Fund, New York, 1939. Pp. 414. Price, $3.00.)

Dr. Robinson is modestly aware that the theme of his book is as old as medicine itself. The immediate value of his work lies in the demonstration that adverse social conditions were significant in the care of 71 per cent. of 174 unselected cases in Johns Hopkins Hospital. Many of these patients were afflicted with physical disease, such as syphilis and diabetes, or had definite symptoms referred to the major body systems ; others suffered from psychoneuroses. The bulk of the book consists of case histories which are superficial in psychiatric insight and depth psychology. The vast psycho-analytic clinical contributions of the psychogenesis of symptoms and disease are not considered by the author ; but this is perhaps irrelevant, as his object has apparently been to point out the need for the investigation of social factors in disease. This he has done effectively and the book will undoubtedly serve to hasten the tempo of the current movement in medical care which stresses both the individual and communal aspects of illness.

C. P. Oberndorf.

*

A Journey Round My Skull. By Frigyes Karinthy. Translated from the Hungarian by Vernon Duckworth Barker. (Faber & Faber Ltd., London, 1939. Pp. 288. Price, 8*s.* 6*d.*)

This much advertised book is written in a sensational way about a

sensational theme. It describes how the author, an Hungarian man of letters, gradually became aware of having a cerebral tumour, and his mental experiences during a long and dangerous operation without an anæsthetic. The experience is certainly remarkable and poignant enough to make a description of it by a really observant man one of great interest. In the present case, however, the patient appears already to have been of an extremely psychopathic disposition with morbid hyperexcitability. The mental experiences he describes, therefore, are only in part direct responses to the remarkable current situation, being in large part made up of fears, resentments, and blindnesses arising from characteristics of his own personality. These extraneous features impair the interest inherent in the description of the experiences, but on the other hand, they furnish material of interest for any psychologist whose attention is specially aroused by the story.

E. J.

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Medical Opinions on War. (Elsevier Publishing Company, Amsterdam-London-New York, 1938. Pp. 74.)

This booklet is published on behalf of the Committee for War Prophylaxis of the Netherlands Medical Association. It is written by eleven physicians, half a dozen of whom are English. We do not observe the name of any psycho-analyst among them. We can only welcome the efforts made by the medical profession, especially by medical psychologists, to contribute from their special knowledge something towards our understanding of the baleful phenomenon of war, but it is only too probable that the factors involved are a good deal more complex than is indicated by most of these slight studies.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

REPORT OF THE INTERNATIONAL TRAINING COMMISSION

Edited by EDWARD BIBRING, Secretary of the I.T.C.

As a result of the general situation not all reports have come in. The events of the last year have naturally caused a great diminution in training activities in the various European countries.

I. TRAINING INSTITUTES

REPORTS OF THE TRAINING ORGANIZATIONS RECOGNIZED BY THE AMERICAN PSYCHOANALYTIC ASSOCIATION

BOSTON PSYCHOANALYTIC INSTITUTE

1938–1939

Educational Committee : Dr. Isador H. Coriat, Dr. William G. Barrett, Dr. Helene Deutsch, Dr. John M. Murray, Dr. Martin W. Peck, Dr. Hanns Sachs, Dr. M. Ralph Kaufman (Chairman).

Number of Candidates : In preparatory analysis : 12. Under supervision : 12. Total enrolment : 24. In training for applied psychoanalysis : 2.

Seminars and Courses : Dr. Helene Deutsch : Technical Seminars.—Dr. Robert Waelder : Theoretical Basis of Psychoanalysis.—Dr. Hanns Sachs : Theory of Libido.—Dr. Ives Hendrick : Introduction to Psychoanalysis.—Mrs. Beata Rank : Child Analysis.—Dr. Isador H. Coriat : Cultural Applications of Psychoanalysis.—Dr. Gregory Zilboorg : Historical Survey of Medical Psychiatry.—Dr. Helene Deutsch, Dr. M. Ralph Kaufman and Dr. John M. Murray : Seminar for Social Workers.—Dr. William G. Barrett, Dr. Florence Clothier and Dr. Jenny Waelder : Seminar on the Application of Psychoanalysis to Pedagogy.

CHICAGO INSTITUTE FOR PSYCHOANALYSIS

1938–1939

Educational Committee : Dr. Thomas M. French (Chairman), Dr. Franz Alexander, Dr. Leo H. Bartemeier, Dr. N. Lionel Blitzsten, Dr. Helen Vincent McLean.

Number of Candidates : Total enrolment : 48. In preparatory analysis : 19. Conducting case work under supervision : 29.

Lectures and Seminars : Dr. Leon J. Saul : Seminar on Review of Psychoanalytic Literature.—Dr. Catherine L. Bacon : Special Problems of Female Psychology.—Dr. Thomas M. French : Freud's *Interpretation*

of Dreams.—Dr. Margaret Gerard, Dr. George J. Mohr and Miss Helen Ross: Child Analysis.—Dr. Thomas M. French: Problems of Dream Psychology.—Dr. Thomas M. French: Mechanisms of the Individual Neuroses.—Dr. Therese Benedek: Systematic Presentation of the Psychoanalytic Technique.—Dr. Gregory Zilboorg: Clinical and Psychological Aspects of Sex Murders.—Dr. Franz Alexander: Seminar on Dream Interpretation.—Dr. Leon J. Saul: Seminar on Case Histories of Freud.—Dr. Franz Alexander and Dr. Thomas M. French: Application of Psychoanalysis to Cases of Psychoses.—Dr. Franz Alexander and Dr. Therese Benedek: Clinical Conferences.

Extension School: Dr. Franz Alexander: Introductory Lectures on Psychoanalysis.—Dr. Gregory Zilboorg: Episodes from Marcel Proust.—Dr. Franz Alexander, Dr. Karl Menninger, Dr. Gregory Zilboorg, Dr. George J. Mohr, Dr. Leon J. Saul, Dr. Helen V. McLean and Dr. Thomas M. French: Recent Progress of Psychoanalysis.—Dr. Helen V. McLean: Application of Psychoanalysis to Biography.—Dr. Margaret Gerard and Dr. George J. Mohr: Application of Psychoanalysis to Problems of the School Child.—Dr. Edwin Eisler: Application of Psychoanalysis to Social Work.

Dr. Franz Alexander.

NEW YORK PSYCHOANALYTIC INSTITUTE

1938–1939

Educational Committee: Dr. Adolph Stern (Chairman), Dr. George E. Daniels, Dr. David M. Levy, Dr. Bertram D. Lewin, Dr. Sandor Lorand, Dr. Monroe A. Meyer, Dr. Sandor Rado.

Number of Candidates: Total enrolment: 84. In preparatory analysis: 41. Under supervision: 43.

Seminars and Courses: Dr. Phyllis Greenacre: Seminar: Study of Freud's Case Histories.—Dr. Adolph Stern and Dr. Clara Thompson: Seminar: Discussion of the Material of Required Reading.—Dr. George E. Daniels: Seminar: Study of Freud's Writings on Technique.—Dr. Abraham Kardiner: Critical Review of the Development of Psychoanalysis.—Dr. Bertram D. Lewin: Indications, Contra-Indications and Technique of Psychoanalytic Therapy.—Dr. Sandor Rado: Special Psychopathology of the Neuroses and Psychoses, Part I.—Dr. M. A. Maeder (Philadelphia): (1) Seminar on Theory of Instincts; (2) Course on Ego Psychology.—Dr. David M. Levy: The Psychoanalytic Approach to the Clinical Problems of Infancy and Early Childhood.—Dr. Abraham Kardiner: Seminar: Comparative Study of Cultures.—Dr. Emil Oberholzer (by invitation): Introduction to the Theory of the Rorschach Test.—Dr. Emil Oberholzer (by invitation): Practical Application of the Rorschach Test.—Dr. Sandor Rado, Dr. Sandor Lorand, Dr. Karen Horney, Dr. Phyllis Greenacre, Dr. Lawrence S. Kubie and Dr. George E.

Daniels: Clinical Conferences.—Dr. David M. Levy: Medical Child Analysis.

Extension School: Dr. I. T. Broadwin: The Application of Psychoanalysis to Social Work.—Dr. Richard L. Frank: Psychoanalytic Thinking in Case Work.

Sandor Rado.

Topeka Psychoanalytic Society

(Under the auspices of the Chicago Institute for Psychoanalysis)

1938–1939

Seminars: Dr. Karl Menninger: Case Seminar.—Dr. Knight: Case Seminar.—Dr. Edoardo Weiss: Case Seminar.—Dr. Kamm: Seminar on Technical Problems.—Dr. Orr: Literature Seminar: Literature on Folie à Deux.—Dr. Knight: Literature Seminars: Freud, 'Constructions in Analysis'.—Dr. Harrington: Literature Seminar: Fenichel, 'The Drive to Amass Wealth'.—Dr. Lewy: Literature Seminar: Alexander, 'Inferiority Feelings and the Sense of Guilt'.—Dr. Orr: Literature Seminar: Herold, 'A Conflict Regarding Technique'.—Dr. Edoardo Weiss: Seminar on Ego Structure and Functioning.

Washington-Baltimore Psychoanalytic Society

1938–1939

Educational Committee: Dr. Lewis B. Hill (Chairman), Dr. Lucile Dooley, Dr. Frieda Fromm-Reichmann, Dr. Ernest E. Hadley, Dr. William V. Silverberg, Dr. Edith Weigert.

Number of Candidates: Total enrolment: 16. In preparatory analysis: 8. Under supervision: 8.

Theoretical Instruction: Dr. Lewis B. Hill: Technique of Psychoanalysis.—Dr. Edith Weigert: The Special Pathology of the Neuroses.—Dr. Ernest E. Hadley and Dr. Gertrud Jacob: The Locus of the Problems.—Dr. Lewis B. Hill: Examinations of *The Psychopathology of Everyday Life* and *Introduction to Psychoanalysis*.—Dr. Ernest E. Hadley: *The Interpretation of Dreams*.—Dr. V. Silverberg: Freud's Case Histories.—Dr. Lucile Dooley: *Three Contributions to the Theory of Sex, The Ego and the Id,* and *Inhibitions, Symptoms and Anxiety.*

Clinical Seminars: First term: Dr. J. O. Chassell and Dr. Edith Weigert (conducted in Baltimore).—Dr. F. Fromm-Reichmann (conducted in Rockville).—*Second term:* Dr. Lewis B. Hill and Dr. Edith Weigert (conducted in Baltimore).—Dr. Lucile Dooley (conducted in Washington).

Lewis B. Hill.

British Psycho-Analytical Society

1938–1939

Number of Candidates: During the year 2 new candidates were accepted for training and placed on the waiting list; 1 candidate was

added to the child list; 3 candidates were passed to do controls; making a total of 8 candidates doing controls, 6 doing controls of adult cases, 1 of whom was also doing a child case, and 2 doing child cases only. Dr. Burke was passed to practise adult analysis. Two candidates resigned from training.—*June* 30, 1939. Candidates in active adult training: 15. Waiting analysis for adult training: 7. In child training: 3 (one of whom is also on the adult list).

Lectures: During the year three courses of lectures were given: On Technique: Mrs. Klein.—On Dreams: Mr. E. Kris.—On Child Analysis: Mrs. Isaacs.

Theoretical Seminars: Freud's writings: Dr. Foulkes, Dr. E. Bibring. —Theory: Mr. J. Strachey.—Applied Psycho-Analysis: Mr. E. Kris.— Psycho-Analysis of Puberty: Dr. W. Hoffer.

Practical Seminars: Adult: Drs. G. Bibring, Jones, Payne, Rickman, Scott, Miss Sharpe.—Child: Miss Anna Freud, Mrs. Klein, Drs. M. Schmideberg, Winnicott.

Training Committee: Drs. G. Bibring, Brierley, Miss Anna Freud, Dr. Glover, Mrs. Klein, Drs. Payne, Rickman, Miss Sharpe, Mr. Strachey.

Edward Glover.

Dutch Psycho-Analytical Society

1938–1939

Seminars (Amsterdam): Dr. Landauer: Technical Seminar for Advanced Students.—Frau Dr. Lampl-de Groot: Seminar for Teachers. —Dr. Landauer: Reading Seminar.—Frau Lampl-de Groot: Seminar for Teachers.

Seminars (The Hague): Dr. Katan: (1) Technical Seminar; (2) Theoretical Seminar.—Frau Dr. Katan: Child Seminar.—Frau Dr. Katan: Practical Pedagogic Seminar (discussion of cases).—Dr. Feith: Theoretical Seminar for Teachers.

Finnish-Swedish Psycho-Analytical Society

Number of Candidates: In Training Analysis: 3. Control Analyses: 0. Seminars: 0.

Hungarian Psycho-Analytical Society

1938–1939

Number of Candidates: Medical: 7. Non-Medical: 10.

Training Committee: Dr. Almásy, Dr. Hermann (Chairman), Dr. Hollós, Frau Kovács, Frau Lévy, Dr. Pfeifer, Dr. Révész (Secretary).

First and Second Quarters. A. Seminars for Training Candidates: A. Bálint and S. Pfeifer: Technical Pro-Seminar.—M. Bálint and S. Pfeifer: Selected Writings on Technique by Ferenczi.—M. Dubovitz: Seminar on Child Analysis.—I. Hermann: Theoretical Seminar: Freud,

'From the History of an Infantile Neurosis'.—V. Kovács: Technical Seminar for Advanced Students.

B. Seminars for Teachers, etc.: E. Gyömröi and L. Kertész-Rotter: Educational Talks with Mothers.—E. Gyömröi: Seminar for Teachers.—K. Lázár: Educational Seminar, Second Year.

Third Quarter. A. Seminars for Training Candidates: M. Dubovitz: Seminar on Child Analysis.—I. Hermann: Theoretical Seminar: Freud, 'From the History of an Infantile Neurosis'.—K. Lévy: Practical Seminar.—S. Pfeifer: Technical Seminar for Advanced Students.—L. Révész: Introduction to Analytical and Clinical Observations.—L. Kertész-Rotter: Introduction to Analytic Technique.

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